RI SOS Filing Number: 201875151330 Date: 8/21/2018 10:25:00 AM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 AUG 21 AM 10: 21

Corporation	•	
-> Eiling period:	January 1 March	1

→ Filing period: January 1 - March 1

→ Filing Fee. \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

7 T Charty: Additional \$25.00 To		•				ו אוווטי צן	
Entity ID Number	2 Exact name of the Corporation						
979028	Jeff-Anthony Properties II, Inc.						
3. Principal Office Address		City		State	Zip		
1525 Mineral Spring Avenue	525 Mineral Spring Avenue		North Provid	dence	RI	02904	
4. NAICS Code	6. Bnef descript	ion of the character	of business co	onducted in Rhode	Island		
531120	real estate rental and investment						
5. State of Incorporation	1		· -				
Rhode Island							
7. List ALL officers (names and add	raccae)			Check	the hoy to u	ndicate an attachment	
President Name Anthony J. Manzo,	l-		Vice-President			Toloate all attacamient	
	Jr.						
Street Address 1525 Mineral Spring Avenye			Street Address 1525 Mineral Spring Avenue				
City North Providence	State RI	^{Zip} 02904	City North Providence		State RI	^{Zip} 02904	
Secretary Name Jeffrey A. Manzo	inzo		Treasurer Name Anthony J. Manzo, Jr.				
Street Address 1525 Mineral Spring Avenue		Street Address 1525 Mineral Spring Avenue					
City North Providence	State RI	^{Zip} 02904	City North Providence		State RI	^{Zip} 02904	
List ALL directors (names and act	ldresses)		In	Chec	k the box to i	ndicate an attachment 🔲	
Director Name			Director Name				
Street Address		•	Street Address				
City	State	Zıp	City		State	Zıp	
Director Name	* -	1	Director Name				
Street Address			Street Address				
City	State	Żip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	d	Check	k the box to i	e box to indicate an attachment	
This information is currently of record Department of State.	d in the	NUMBER OF SE	ARES I	CLASS/SFR	ES	PAR VALUE	
		1,000		common		none	
Changes require an additional filing.			İ		-		
11. This report must be executed o	n hahalf of the co	opporation by an aut	horized repres	entative. If the com	oration is in t	the hands of a receiver or	
trustee, this report must be executed by					oration is in	ine hands of a receiver of	
Under penalty of perjury, I declar				cluding any acco	mpanying s	chedules and	
statements, and that all statements Name of Authorized Representative		arein are true and i	correct.		Date		
Anthony J. Manzo, Jr.	•				, — — — — — — — — — — — — — — — — — — —	17, 2018	
					, rugust		
Signature of Authorized Represent	ative ANU Y	SIGN BOCK	MENT HERE	FILED			
MANU TO:	, ,	14 19	্ ১১ ১				
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Phone: (401) 222-3040 Website: www.sos.ri.gov	Island 02904-2616		BY	AUG 2 1 2018	SAG] FORM 630 - Revised: 10/201	
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