State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee. $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 AUG 21 AM 10:21

1. 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	North Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531120	real estate rental and investment
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Anthony J. Manzo, Jr.	1525 Mineral Spring Avenye	North Providence	RI	02904

Vice-President Name	Street Address	City	State	Zip
Jeffrey A. Manzo	1525 Mineral Spring Avenue	North Providence	RI	02904

Secretary Name	Street Address	City	State	Zip
Jeffrey A. Manzo	1525 Mineral Spring Avenue	North Providence	RI	02904

Treasurer Name	Street Address	City	State	Zip
Anthony J. Manzo, Jr.	1525 Mineral Spring Avenue	North Providence	RI	02904

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized — **This information is currently of record in the Department of State.** **Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	common	none

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Anthony J. Manzo, Jr.	August 17, 2018

Signature of Authorized Representative: Anthony J Manzo SIGN DOCUMENT HERE

FILED
10:25
AUG 21 2018
BY KGSAG

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017