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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 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 nam	2. Exact name of the Corporation					
979028	Jeff-Antl	Jeff-Anthony Properties II, Inc.					
3. Principal Office Address			City		State	Zip	
1525 Mineral Spring Avenue			North Provi	idence	RI	02904	
4. NAICS Code	6. Brief desc	ription of the charac	ter of business o	conducted in Rhode	Island	· · · ·	
531120	real estate	real estate rental and investment					
5. State of Incorporation							
Rhode Island							
7 List ALL officers (names and	d addresses)		lv. s		k the box to ind	icate an attachment [
President Name Anthony J. Manzo, Jr.			Vice-President Name Jeffrey A. Manzo				
Street Address 1525 Mineral Sp	Street Address 1525 Mineral Spring Avenue						
Oity North Providence	State RI	^{Zıp} 02904	City North Providence		State RI	^{Zip} 02904	
Secretary Name Jeffrey A. Manzo			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	
8. List ALL directors (names ar	nd addresses)		T=-		k the box to inc	licate an attachment [
Director Name			Director Name	•			
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address	5			
City	State	Zıp	City		State	Zıp	
9. Shares Authorized		10. Shares Iss	ssued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER O	F SHARES	CLASS/SER/ES		PAR VALUE	
		1,000		common		none	
Changes require an additional fi	iung.						
11. This report must be execut	ed on behalf of the	corporation by an	authorized repres	I sentative. If the corp	oration is in the	e hands of a receiver c	
trustee, this report must be exc	ecuted on behalf of	the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, I destatements, and that all state				ncluding any acco	impanying scr	ledules and	
Name of Authorized Represen		Date					
Anthony J. Manzo, Jr.		August 17, 2018		7, 2018			
Signature of Authorized Paper	. //	Va 1818HARO	CUMENT HERE	FILED	 •		
<i>[\frac{1}{2}]</i>	mony 1	<i>[</i>		10 A 1 7018			
MAIL TO: Division of Business Services	()		D'&Y A	16212018 M KGS:	AG		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017