



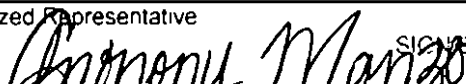
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2017
 Corporation

2018 AUG 21 AM 10: 21

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

1. Entity ID Number 979028		2. Exact name of the Corporation Jeff-Anthony Properties II, Inc.			
3. Principal Office Address 1525 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Anthony J. Manzo, Jr.			Vice-President Name Jeffrey A. Manzo		
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
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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/ST/PLS	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. <i>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.</i>					
Name of Authorized Representative Anthony J. Manzo, Jr.				Date August 17, 2018	
Signature of Authorized Representative  FILED 10:24 AUG 21 2018 BY <i>[Signature]</i> 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