



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

**Annual Report for the year: 2019**  
**Corporation**

- 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 <b>72544</b>		2. Exact name of the Corporation <b>J.P.R. REALTY, INC.</b>			
3. Principal Office Address <b>88 SUNRISE AVENUE</b>			City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>53 1390</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OWN, SELL AND RENT REAL ESTATE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DENISE MILLETTE</b>			Vice-President Name <b>JOHN ROCH</b>		
Street Address <b>29 PARK STREET</b>			Street Address <b>88 SUNRISE AVENUE</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>DENISE MILLETTE</b>			Treasurer Name <b>JOHN ROCH</b>		
Street Address <b>29 PARK STREET</b>			Street Address <b>88 SUNRISE AVENUE</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOHN ROCH</b>			Director Name <b>DENISE MILLETTE</b>		
Street Address <b>88 SUNRISE AVENUE</b>			Street Address <b>29 PARK STREET</b>		
City <b>WEST WAWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SHARES	
		<b>1,000</b>		<b>D</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>JOHN ROCH, TREASURER</b>					Date <b>1-14-19</b>
Signature of Authorized Representative <i>John Roch</i>					

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

**FILED**

**JAN 22 2019**

BY 223 OS FORM 630 - Revised: 10/2017