



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 72544		2. Exact name of the Corporation J.P.R. REALTY, INC.			
3. Principal Office Address 88 SUNRISE AVENUE			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 53 1390		6. Brief description of the character of business conducted in Rhode Island TO OWN, SELL AND RENT REAL ESTATE			
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 DENISE MILLETTE			Vice-President Name JOHN ROCH		
Street Address 29 PARK STREET			Street Address 88 SUNRISE AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name DENISE MILLETTE			Treasurer Name JOHN ROCH		
Street Address 29 PARK STREET			Street Address 88 SUNRISE AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN ROCH			Director Name DENISE MILLETTE		
Street Address 88 SUNRISE AVENUE			Street Address 29 PARK STREET		
City WEST WAWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
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/SERIES	
		1,000		D	
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 JOHN ROCH, TREASURER				Date 1-14-19	
Signature of Authorized Representative 					

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