



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

FILED

JAN 30 2019

BY 455

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 001682456		2. Exact name of the Corporation JMM Property Investments, Inc.			
3. Principal Office Address 23 Pollett Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Hold Investment Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Andreozzi			Vice-President Name Joseph Andreozzi		
Street Address 23 Pollett Street			Street Address 23 Pollett Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Joseph Andreozzi			Treasurer Name Joseph Andreozzi		
Street Address 23 Pollett Street			Street Address 23 Pollett Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Andreozzi			Director Name NONE		
Street Address 23 Pollett Street			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name NONE			Director Name NONE		
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
			100		COMMON
					PAR VALUE
					NO PAR VALUE
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 Joseph Andreozzi, President					Date 1/22/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov