




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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
Corporation

2019 MAR 20 PM 1:09

- 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 80918		2. Exact name of the Corporation Jason's Realty Corp.			
3. Principal Office Address 101 Plain Street, Suite 100			City Providence	State Rhode Island	Zip 02903
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Acquisition of 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 Stefania M. Mardo			Vice-President Name		
Street Address 101 Plain Street, Suite 100			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Stefania M. Mardo			Treasurer Name Stefania M. Mardo		
Street Address 101 Plain Street, Suite 100			Street Address 101 Plain Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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/SERIES		PAR VALUE
			196	CNP	\$0.00
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 Stefania M. Mardo					Date 3/20/19
Signature of Authorized Representative  SIGN DOCUMENT HERE					

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

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BY CK# 515316452-9