RI SOS Filing Number: 201989670130 Date: 4/1/2019 4:00:00 PM

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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.



STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entitu ID Number	12 Fuz-4	- of the C						
1. Entity ID Number	2. Exact name of the Corporation							
000043165 N & J REALTY CORPORATION								
3. Principal Office Address		City	•	State	Zip			
1030 DANIELSON PIKE		SCITUATE		RI	02857			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
531120	OWN, OPERATE, LEASE, & DEVELOP REAL ESTATE							
5. State of Incorporation								
RHODE ISLAND								
7 List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name NICHOLAS DERAIMO JR.			Vice-President Name JOHN DERAIMO					
Street Address 40A MT HYGEIA ROAD			Street Address POLE 14, BURGESS ROAD					
City FOSTER	State RI	^{Zip} 02852	City FOSTER		State RI	^{Zip} 02852		
Secretary Name NICHOLAS DERAIMO JR.			Treasurer Name JOHN DERAIMO					
Street Address 40A MT HYGEIA ROAD			Street Address POLE 14, BURGESS ROAD					
City FOSTER	State RI	Zip 02852	City FOSTER		State RI	^{Zip} 02852		
8. List ALL directors (names and ad	ddresses)			Check t	he box to ir	ndicate an attachment		
Director Name NICHOLAS DERAIMO JR.			Director Name	Director Name JOHN DERAIMO				
Street Address 40A MT HYGEIA ROAD			Street Address POLE 14, BURGESS ROAD					
City FOSTER	State RI	Zıp 02852	City FOSTER		State RI	Z _{IP} 02852		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
0.01	<u> </u>	10.00		<u> </u>	1			
9 Shares Authorized This information is currently of reco	9 Shares Authorized 10 Shares Iss This information is currently of record in the							
Department of State. Changes require an additional filing.		200	200			NO PAR		
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 Date Date								
JOHN DERAIMO, VICE PRESIDENT								
Signature of Authorized Representative SIGN DOCUMENT HOLED								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 630 - Revised: 10/2017