



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.

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SECRETARY OF STATE
CORPORATIONS DIV
2019 APR -1 PM 1:54

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 000043165		2. Exact name of the Corporation N & J REALTY CORPORATION			
3. Principal Office Address 1030 DANIELSON PIKE			City SCITUATE		State RI
			Zip 02857		
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name NICHOLAS DERAIMO JR.			Vice-President Name JOHN DERAIMO		
Street Address 40A MT HYGIEIA 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 HYGIEIA 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 addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NICHOLAS DERAIMO JR.			Director Name JOHN DERAIMO		
Street Address 40A MT HYGIEIA ROAD			Street Address POLE 14, BURGESS ROAD		
City FOSTER	State RI	Zip 02852	City FOSTER	State RI	Zip 02852
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 Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		200		COMMON	
				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.					
<i>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.</i>					
Name of Authorized Representative JOHN DERAIMO, VICE PRESIDENT					Date 3/29/19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

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

APR 01 2019
BY **4RMM9**
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