



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 AUG -6 PM 4:13

Annual Report for the year: 2018  
 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 <b>788316</b>		2. Exact name of the Corporation <b>JJ PROPERTY MANAGEMENT &amp; MULTISERVICES, INC</b>	
3. Principal Office Address <b>301 RESERVOIR AVE.</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02907</b>	
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>PROPERTY MANAGEMENT, APT. RENTALS AND OTHER MISC.</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JACQUELINE ALVAREZ</b>		Vice-President Name <b>JACQUELINE ALVAREZ</b>	
Street Address <b>147 ROGER WILLIAMS AVE</b>		Street Address <b>147 ROGER WILLIAMS</b>	
City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>RUMFORD</b>
			State <b>RI</b>
			Zip <b>02916</b>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>1000</b>	<b>STK</b>
		PAR VALUE	<b>0.0100</b>
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 <b>Jacqueline Alvarez</b>		Date <b>08/6/19</b>	
Signature of Authorized Representative <i>Jacqueline Alvarez</i>		<b>FILED</b>	

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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