



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

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 15 2020

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6432

1. Entity ID Number 62191		2. Exact name of the Corporation J E A REALTY CORPORATION												
3. Principal Office Address 95 Newman Avenue			City Seekonk	State MA	Zip 02771									
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Real estate agency or brokerage												
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 F. Luiz			Vice-President Name Joseph F. Luiz											
Street Address 95 Newman Avenue			Street Address 95 Newman Avenue											
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771									
Secretary Name Joseph F. Luiz			Treasurer Name Joseph F. Luiz											
Street Address 95 Newman Avenue			Street Address 95 Newman Avenue											
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Joseph F. Luiz			Director Name None											
Street Address 95 Newman Avenue			Street Address											
City Seekonk	State MA	Zip 02771	City	State	Zip									
Director Name None			Director Name None											
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	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 F. Luiz				Date 1-9-20										
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