

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIVAnnual Report for the year: **2017**  
Corporation2020 FEB 26 P 1:21 **STAMP**FOR  
SECRETARY OF STATE  
USE ONLY

- 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>000789257</b>		2. Exact name of the Corporation <b>JAM PROPERTIES INC.</b>			
3. Principal Office Address <b>1381 CRANSTON STREET</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>531311</b>		6. Brief description of the character of business conducted in Rhode Island <b>PROPERTY MANAGEMENT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>MICHAEL BRESETTE</b>			Vice-President Name		
Street Address <b>52 TUG HOLLOW ROAD</b>			Street Address		
City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>.01</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>LEONARD J. APPEL, CPA</b>				Date <b>02/19/2020</b>	
Signature of Authorized Representative <i>Leonard J. Appel, CPA, POA</i>					

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

FILED

FEB 26 2020

BY *47TVR*

FORM 630 - Revised: 10/2017