RI SOS Filing Number: 202037185060 Date: 4/3/2020 4:00:00 PM

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

FILED
APR 03 2020 **STAMP**
BY 30974 FOR SECRETARY OF STATE USE ONLY

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.

1. Entity ID Number	2. Exact name of the Corporation			
69879	W&J REALTY, INC.			
3. Principal Office Address		City	State	Zip
13828 Creston Place		Wellington	FL	33414
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	The buying, selling, leasing, holding and managing of all kinds of real estate.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Gerald H. Satern			Vice-President Name: Gerald H. Satern		
Street Address: 13828 Creston Place			Street Address: 13828 Creston Place		
City: Wellington	State: FL	Zip: 33414	City: Wellington	State: FL	Zip: 33414
Secretary Name: Gerald H. Satern			Treasurer Name: Gerald H. Satern		
Street Address: 13828 Creston Place			Street Address: 13828 Creston Palce		
City: Wellington	State: FL	Zip: 33414	City: Wellington	State: FL	Zip: 33414

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Gerald H. Satern			Director Name		
Street Address: 13828 Creston Place			Street Address		
City: Wellington	State: FL	Zip: 33414	City	State	Zip
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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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: **Gerald H. Satern, President**

Date: 3-4-20

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

FORM 630 - Revised: 10/2017