



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.

|  |                    |   |   |                                    |                     |
|--|--------------------|---|---|------------------------------------|---------------------|
| 1. Entity ID Number<br><b>000022935</b>  |                    | 2. Exact name of the Corporation<br><b>JAFRAY REALTY COMPANY</b>                                  |   |                                    |                     |
| 3. Principal Office Address<br><b>51 DELTA DRIVE</b>   |                    |   | City<br><b>PAWTUCKET</b>  | State<br><b>RI</b>                 | Zip<br><b>02861</b> |
| 4. NAICS Code<br><b>531120</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |   |                                    |                     |
| 5. State of Incorporation<br><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<br><b>JAMES M. PASCALE</b>  |                    |   | Vice-President Name<br><b>NONE</b>  |                                    |                     |
| Street Address<br><b>51 DELTA DRIVE</b>  |                    |   | Street Address  |                                    |                     |
| City<br><b>PAWTUCKET</b>   | State<br><b>RI</b> | Zip<br><b>02861</b>   | City  | State                              | Zip                 |
| Secretary Name<br><b>JAMES M. PASCALE</b>  |                    |   | Treasurer Name<br><b>JAMES M. PASCALE</b>   |                                    |                     |
| Street Address<br><b>51 DELTA DRIVE</b>  |                    |   | Street Address<br><b>51 DELTA DRIVE</b>   |                                    |                     |
| City<br><b>PAWTUCKET</b>   | State<br><b>RI</b> | Zip<br><b>02861</b>   | City<br><b>PAWTUCKET</b>  | State<br><b>RI</b>                 | Zip<br><b>02861</b> |
| 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.<br><br>Changes require an additional filing.   |                    |   | NUMBER OF SHARES  | CLASS/SERIES                       | PAR VALUE           |
|  |                    |   | <b>41</b>   | <b>VOTING/COMMON</b>               | <b>NO PAR</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.<br><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<br><b>JAMES M. PASCALE</b>   |                    |   |   | Date<br><b>2-28-2020</b>           |                     |
| Signature of Authorized Representative<br><i>James M. Pascale</i>  |                    |   |   | SIGN DOCUMENT HERE<br><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

**MAY 11 2020**  
 BY 915 A.A.