



State of Rhode Island  
Department of State - Business Services Division

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BY

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Annual Report for the year: 2020  
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |                           |                    |     |
|---|-------|---|---------------------------|--------------------|-----|
| 1. Entity ID Number<br>529618   |       | 2. Exact name of the Limited Liability Company<br>H.J.R Realty, LLC.                  |                           |                    |     |
| 3. NAICS Code <u>531110</u><br>real estate and rental   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Realty |                           |                    |     |
| 5. State of Formation<br>R.I.   |       |   |                           |                    |     |
| 6. Principal Office Address<br>10 Horizon Drive   |       | City<br>Saunderstown  | State<br>R.I.             | Zip<br>02874       |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                           |                    |     |
| Contact Name<br>Joel Rittner  |       |   | Contact Title<br>Treasure |                    |     |
| Street Address<br>10 Horizon Drive  |       | City<br>Saunderstown  | State<br>R.I.             | Zip<br>02874       |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                           |                    |     |
| Manager Name  |       | Manager Name  |                           |                    |     |
| Street Address  |       | Street Address  |                           |                    |     |
| City  | State | Zip   | City                      | State              | Zip |
| Manager Name  |       | Manager Name  |                           |                    |     |
| Street Address  |       | Street Address  |                           |                    |     |
| City  | State | Zip   | City                      | State              | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                           |                    |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |   |                           |                    |     |
| <b>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.</b> |       |   |                           |                    |     |
| Name of Authorized Person<br>Joel Rittner, Member   |       |   |                           | Date<br>09/24/2020 |     |
| Signature of Authorized Person<br>member  |       |   |                           |                    |     |

**MAIL TO:**  
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