STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
139297	JM Property Services, Inc.

3. Street Address Principal Business Office	City	State	Zip
P.O. BOX 1533	EAST GREENWICH	RI	02818

4. Business Phone No.	5. State of Incorporation	6. SIC Code
	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island
COMMERCIAL AND RESIDENTIAL PROPERTY MANAGEMENT, MAINTENANCE AND REPAIRS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
JOHN A. MOLLICONE	P.O. BOX 1533	EAST GREENWICH	RI	02818

Vice President Name	Street Address	City	State	Zip
JOHN A. MOLLICONE	P.O. BOX 1533	EAST GREENWICH	RI	02818

Secretary Name	Street Address	City	State	Zip
JOHN A. MOLLICONE	P.O. BOX 1533	EAST GREENWICH	RI	02818

Treasurer Name	Street Address	City	State	Zip
JOHN A. MOLLICONE	P.O. BOX 1533	EAST GREENWICH	RI	02818

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
JOHN A. MOLLICONE	P.O. BOX 1533	EAST GREENWICH	RI	02818

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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CORPORATIONS DIV
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	NO PAR VALUE

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 3 9 2 9 7 [redacted]

139297 DBC 03/04/05 02:44:01 PM
File Date 3/18/05
Check No. 409 C60659
By: EMC
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — Date: 3-16-05

John Mollicone
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/01