State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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			
000082395	J. P. Reale, Inc.			
3. Principal Office Address		City	State	Zip
122 High Street		Westerly	R.I.	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445120				
5. State of Incorporation				
RI	Retail Deli and Convenience Store			

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

President Name: Leo C. Moroso, Jr.			Vice-President Name: Leo C. Moroso, Jr.		
Street Address: 14 Haswell Street			Street Address: 14 Haswell Street		
City: Westerly	State: R.I.	Zip: 02891	City: Westerly	State: R.I.	Zip: 02891
Secretary Name: Leo C. Moroso, Jr.			Treasurer Name: Leo C. Moroso, Jr.		
Street Address: 14 Haswell Street			Street Address: 14 Haswell Street		
City: Westerly	State: R.I.	Zip: 02891	City: Westerly	State: R.I.	Zip: 02891

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

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	NONE	NONE

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	Date
Leo C. Moroso, Jr.	01-28-2021

Signature of Authorized Representative: Leo C. Moroso, Jr.

FILED
FEB 04 2021
KM
(FEB 4, 21)
BY 46494

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: 08/2020