19001

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	2021
Corporation	

CTALIP

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→ Filing period: January 1 - March 1

<ul><li>→ Filing Fee: \$50.00</li><li>→ Penalty: Additional \$25</li></ul>	5.00 fee if form is no	t filed by April 1.						
Entity ID Number	2. Exact nam	e of the Corporation	n	•				
71334	JJR Realty As	JJR Realty Associates, Inc.						
3. Principal Office Address		- <u> </u>	City		State	Zip		
125 Higginson Avenue	Higginson Avenue				RI 02865			
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island						
531312	Business of	Business of property management, residential, commercial and industrial						
5. State of Incorporation	·	<b>1</b>						
Rhode Island								
7. List ALL officers (names ar	nd addresses)		· · ·	Check	the box to in	ndicate an attachment		
President Name Timothy Mar	Vice-President Name Peter J. Martins							
Street Address 125 Higginson Avenue			Street Address 125 Higginson Avenue					
City Lincoln	State RI	Zip 02865	City Lincoln		State RI	Zip 02865		
Secretary Name Peter J. Martins			Treasurer Nam	Treasurer Name Peter J. Martins				
Street Address 125 Higginson Avenue			Street Address 125 Higginson Avenue					
City Lincoln	State RI	Zip 02865	City Lincoln		State RI	Zip 02865		
8. List ALL directors (names a	and addresses)				the box to i	ndicate an attachment 🔲		
Director Name Timothy Martins			Director Name	Director Name Peter J. Martins				
Street Address 125 Higginson Avenue			Street Address	Street Address 125 Higginson Avenue				
City Lincoln	State RI	Zip 02865	City Lincoln		State RI	Zip 02865		
Director Name		Director Name						
Street Address			Street Address					
City	State	Zip	City		State	Zip) O J		
9. Shares Authorized		10. Shares Iss				ndicate an attachment 🔲		
This information is currently o Department of State.	f record in the		NUMBER OF SHARES		CLASS/SERIES PARVALUE			
Changes require an additional filing.		100		Common	Common No			
						:		
<ol> <li>This report must be executivestee, this report must be executivestee.</li> </ol>	uted on behalf of the	corporation by an a	authorized repres	entative. If the corpo	oration is in 1	the hands of a receiver or		
Under penalty of perjury, I statements, and that all sta	declare and affirm (	hat I have examin	ed this report, in	ncluding any accor	npanying s	chedules and		
Name of Authorized Represe		nerem are true ar	ia correct.	····	Date			
Timothy Martins				1/21				
Signature of Authorized Representative FILED								
polo fl	w			_ED				

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