



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 02 2022

BY

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 62191		2. Exact name of the Corporation J E A REALTY CORPORATION	
3. Principal Office Address 95 Newman Avenue		City Seekonk	State MA Zip 02771
4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island Real estate agency brokerage		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph F. Luiz		Vice-President Name Joseph F. Luiz	
Street Address 95 Newman Avenue		Street Address 95 Newman Avenue	
City Seekonk	State MA	Zip 02771	City Seekonk State MA Zip 02771
Secretary Name Joseph F. Luiz		Treasurer Name Joseph F. Luiz	
Street Address 95 Newman Avenue		Street Address 95 Newman Avenue	
City Seekonk	State MA	Zip 02771	City Seekonk State MA Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph F. Luiz		Director Name None	
Street Address 95 Newman Avenue		Street Address	
City Seekonk	State MA	Zip 02771	City State Zip
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City State Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES Common PAR VALUE No Par Value
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 Joseph F. Luiz		Date 1-20-22	
Signature of Authorized Representative 			