



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2022
Corporation

FEB 02 2022
 BY *[Signature]*

- 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 10. Shares Issued <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	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. <i>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.</i>					
Name of Authorized Representative Joseph F. Luiz				Date 1-20-22	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov