



State of Rhode Island  
**Department of State - Business Services Division**

**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.

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|--|--------------------|---|---|-------------------------|---------------------|
| 1. Entity ID Number<br><b>000072090</b>  |                    | 2. Exact name of the Corporation<br><b>T J F REALTY, INC.</b>   |   |                         |                     |
| 3. Principal Office Address<br><b>1481 BROAD ROCK ROAD</b>   |                    | City<br><b>WAKEFIELD</b>  |   | State<br><b>RI</b>      | Zip<br><b>02879</b> |
| 4. NAICS Code<br><b>531110</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>PURCHASING, REHABILITATION, RENTAL AND RESALE OF REAL ESTATE PROPERTY DEVELOPMENT</b> |   |                         |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |   |   |                         |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                         |                     |
| President Name<br><b>THOMAS FUIMARELLO</b>   |                    |   | Vice-President Name<br><b>NONE</b>  |                         |                     |
| Street Address<br><b>1481 BROAD ROCK ROAD</b>  |                    |   | Street Address  |                         |                     |
| City<br><b>WAKEFIELD</b>   | State<br><b>RI</b> | Zip<br><b>02879</b>   | City  | State                   | Zip                 |
| Secretary Name<br><b>THOMAS FUIMARELLO</b>   |                    |   | Treasurer Name<br><b>THOMAS FUIMARELLO</b>  |                         |                     |
| Street Address<br><b>1481 BROAD ROCK ROAD</b>  |                    |   | Street Address<br><b>1481 BROAD ROCK ROAD</b>   |                         |                     |
| City<br><b>WAKEFIELD</b>   | State<br><b>RI</b> | Zip<br><b>02879</b>   | City<br><b>WAKEFIELD</b>  | State<br><b>RI</b>      | Zip<br><b>02879</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                         |                     |
| Director Name<br><b>THOMAS FUIMARELLO</b>  |                    |   | Director Name<br><b>NONE</b>  |                         |                     |
| Street Address<br><b>1481 BROAD ROCK ROAD</b>  |                    |   | Street Address  |                         |                     |
| City<br><b>WAKEFIELD</b>   | State<br><b>RI</b> | Zip<br><b>02879</b>   | City  | State                   | Zip                 |
| Director Name<br><b>NONE</b>   |                    |   | Director Name<br><b>NONE</b>  |                         |                     |
| Street Address   |                    |   | Street Address  |                         |                     |
| City   | State              | Zip   | City  | State                   | Zip                 |
| 9. Shares Authorized   |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                         |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |   | NUMBER OF SHARES  | CLASS/SERIES            | PAR VALUE           |
|  |                    |   | 100   | COMMON                  | NO PAR              |
| 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.<br><b>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.</b> |                    |   |   |                         |                     |
| Name of Authorized Representative<br><b>THOMAS FUIMARELLO</b>  |                    |   |   | Date<br><b>2/1/2022</b> |                     |
| Signature of Authorized Representative<br><i>X Thomas J. Fuimarello</i>  |                    |   |   |                         |                     |

**MAIL TO:**  
 Division of Business Services  
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