RI SOS Filing Number: 202327602440 Date: 2/2/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division.

Annual Report for the year: 2023 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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FEB UZ	2023
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Penaity. Additional \$25,00 kg								
Entity ID Number	2. Exact name of the Corporation .							
000131229	JDM Realty Corp.							
3. Principal Office Address	•		City		State	Zıp		
36 Fiume Street			West War	rwick	RI	02893		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
531100	Real Estate Holding. Property Management							
5. State of Incorporation	1							
Rhode Island]							
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Darlene Joaquin			Vice-President Name					
Street Address 36 Fiume Street			Street Address					
City West Warwick	State RI	^{Z₁p} 02893	City		State	Zip		
Secretary Name	· · · · · · · · · · · · · · · · · · ·		Treasurer Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachme						ndicate 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	Zıp	City		State	Zip		
9. Shares Authorized		10. Shares Issu		Check the box to indicate an attachment				
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES				PAR VALUE		
		1000		CNP		\$0.00		
				1				
11. This report must be executed o	n behalf of the	corporation by an a	uthorized repres	entative. If the corpo	oration is in	the hands of a receiver or		
trustee, this report must be execute	ed on behalf of	the corporation by t	he receiver or tr	ustee.				
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and statements contained herein are true and correct.								
Name of Allihorized Representative Date 2/1/23								
Signature of Authorized Representative								
HAMMA GAM								
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: 11/2021