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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BUS SVCS DIV
2023 MAR -1 P 1:25

1. Entity ID Number	2. Exact name of the Corporation
22261	J.R.B. REALTY, INC.

3. Principal Office Address	City	State	Zip
20 SHARPE DRIVE	CRANSTON	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	ENGAGE IN REAL ESTATE
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
STEPHANIE RENNARD/TRUSTEE-JOSEPH BACCALA	16 BROOK CROSSING REVOCABLE	LINCOLN	RI	02865

Vice-President Name	Street Address	City	State	Zip
RONALD BACCALA-TRUSTEE RONALD BACCALA	20 SHARPE DRIVE REVOCABLE	CRANSTON	RI	02920

Secretary Name	Street Address	City	State	Zip
GERI-ANN DIPAOLO-TRUSTEE RONALD BACCALA O	20 SHARPE DRIVE REVOCABLE	CRANSTON	RI	02920

Treasurer Name	Street Address	City	State	Zip
STEPHANIE RENNARD/TRUSTEE JOSEPH BACALLA	16 RED BROOK CROSSING REVOCABLE	LINCOLN	RI	02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — 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	CLASS/SERIES	PAR VALUE
	300	COMMON	NONE

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	Date
STEPHANIE RENNARD - TRUSTEE	3-6-23

Signature of Authorized Representative: Stephanie Rennard, trustee

FILED
MAR 07 2023
BY SGMFP
1:25

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