



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

MAR 10 2023
1100
02

- 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 001700034		2. Exact name of the Corporation JM & MZ, INC.			
3. Principal Office Address 76 EAST STREET			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JANU N. MEMON			Vice-President Name JANU N. MEMON		
Street Address 1 MONARCH WAY			Street Address 1 MONARCH WAY		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name JANU N. MEMON			Treasurer Name JANU N. MEMON		
Street Address 1 MONARCH WAY			Street Address 1 MONARCH WAY		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <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
			200	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. 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 JANU N. MEMON					Date 4/30/23
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov