



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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 RI DEPT. OF STATE  
 BUSINESS SERVICES DIVISION

2023 MAR 30 17 12 29

|  |                    |   |   |                          |                     |
|--|--------------------|---|---|--------------------------|---------------------|
| 1. Entity ID Number<br><b>000080918</b>  |                    | 2. Exact name of the Corporation<br><b>Jason's Realty Corp.</b>   |   |                          |                     |
| 3. Principal Office Address<br><b>101 Plain Street, 1st Floor, Suite 100</b>   |                    |   | City<br><b>Providence</b>                                       | State<br><b>RI</b>       | Zip<br><b>02903</b> |
| 4. NAICS Code<br><b>531390</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>ACQUISITION OF REAL ESTATE</b>      |   |                          |                     |
| 5. State of Incorporation<br><b>RI</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>Stefania M. Mardo</b>   |                    |   | Vice-President Name   |                          |                     |
| Street Address<br><b>101 Plain Street, 1st Floor, Suite 100</b>  |                    |   | Street Address  |                          |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b>   | City  | State                    | Zip                 |
| Secretary Name<br><b>Stefania M. Mardo</b>   |                    |   | Treasurer Name<br><b>Stefania M. Mardo</b>                      |                          |                     |
| Street Address<br><b>101 Plain Street, 1st Floor, Suite 100</b>  |                    |   | Street Address<br><b>101 Plain Street, 1st Floor, Suite 100</b> |                          |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b>   | City<br><b>Providence</b>                                       | State<br><b>RI</b>       | Zip<br><b>02903</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  |                    |   | 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 <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             |                     |
|  |                    | 196   |   | CNP                      |                     |
|  |                    |   |   | PAR VALUE                |                     |
|  |                    |   |   | \$0.00                   |                     |
| 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>Stefania M. Mardo</b>  |                    |   |   | Date<br><b>3.21.2023</b> |                     |
| Signature of Authorized Representative<br><i>Stefania M. Mardo</i>   |                    |   |   | <b>FILED</b>             |                     |

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

MAR 30 2023  
 BY ML 518004364