



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.

MAY 08 2023

20320

1. Entity ID Number 000072090		2. Exact name of the Corporation T J F REALTY, INC.			
3. Principal Office Address 1481 BROAD ROCK ROAD			City WAKEFIELD	State RI	Zip 02879
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island PURCHASING, REHABILITATION, RENTAL AND RESALE OF REAL ESTATE PROPERTY DEVELOPMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS FUIMARELLO			Vice-President Name NONE		
Street Address 1481 BROAD ROCK ROAD			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name THOMAS FUIMARELLO			Treasurer Name THOMAS FUIMARELLO		
Street Address 1481 BROAD ROCK ROAD			Street Address 1481 BROAD ROCK ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name THOMAS FUIMARELLO			Director Name NONE		
Street Address 1481 BROAD ROCK ROAD			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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 THOMAS FUIMARELLO				Date 5/1/23	
Signature of Authorized Representative <i>Thomas J. Fuimarello</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov