



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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| 1. Entity ID Number<br><u>001745227</u>   |                    | 2. Exact name of the Corporation<br><u>JAMES Realty Inc</u>  |  |                    |                        |                  |              |           |            |            |               |  |  |  |
|---|--------------------|--|--|--------------------|------------------------|------------------|--------------|-----------|------------|------------|---------------|--|--|--|
| 3. Principal Office Address<br><u>277 Scituate Ave</u>  |                    | City<br><u>Johnston</u>  |  | State<br><u>RI</u> | Zip<br><u>02915</u>    |                  |              |           |            |            |               |  |  |  |
| 4. NAICS Code   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Commercial Real estate</u> |  |                    |                        |                  |              |           |            |            |               |  |  |  |
| 5. State of Incorporation<br><u>RI</u>  |                    |  |  |                    |                        |                  |              |           |            |            |               |  |  |  |
| 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><u>Edgar Gomez</u>  |                    |  | Vice President Name<br><u>Caroline Henderson</u>   |                    |                        |                  |              |           |            |            |               |  |  |  |
| Street Address<br><u>277 Scituate Ave</u>   |                    |  | Street Address<br><u>277 Scituate Ave</u>  |                    |                        |                  |              |           |            |            |               |  |  |  |
| City<br><u>Johnston</u>   | State<br><u>RI</u> | Zip<br><u>02915</u>  | City<br><u>Johnston</u>  | State<br><u>RI</u> | Zip<br><u>02915</u>    |                  |              |           |            |            |               |  |  |  |
| Secretary Name  |                    |  | Treasurer Name   |                    |                        |                  |              |           |            |            |               |  |  |  |
| Street Address  |                    |  | Street Address   |                    |                        |                  |              |           |            |            |               |  |  |  |
| City  | State              | Zip  | City   | State              | Zip                    |                  |              |           |            |            |               |  |  |  |
| 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.   |                    |  | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>500</u></td> <td><u>STK</u></td> <td><u>0.0100</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                    |                        | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <u>500</u> | <u>STK</u> | <u>0.0100</u> |  |  |  |
| NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE  |  |                    |                        |                  |              |           |            |            |               |  |  |  |
| <u>500</u>  | <u>STK</u>         | <u>0.0100</u>  |  |                    |                        |                  |              |           |            |            |               |  |  |  |
|   |                    |  |  |                    |                        |                  |              |           |            |            |               |  |  |  |
| Changes require an additional filing.   |                    |  |  |                    |                        |                  |              |           |            |            |               |  |  |  |
| 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<br><u>Caroline Henderson</u>  |                    |  |  |                    | Date<br><u>5/29/23</u> |                  |              |           |            |            |               |  |  |  |
| Signature of Authorized Representative<br><u>CAROLINE HENDERSON</u>   |                    |  |  |                    | FILED                  |                  |              |           |            |            |               |  |  |  |

MAIL TO:  
Division of Business Services  
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FORM 630- Revised 04/2023