RI SOS Filing Number: 202445984280 Date: 2/6/2024 4:00:00 PM



## State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: 2024 Corporation

→ Filing period: February 1 - May 1

Filing Fee: \$50.00

Penalty: Additional \$25.00 f			,				
000131229	2. Exact name of the Corporation  JDM Realty Corp.						
Principal Office Address	100111110	any corp.	City		State	Zip	
36 Fiume Street				st Warwick		02893	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53 1100	Real Estate Holding, Property Management						
5. State of Incorporation	1						
Rhode Island							
7. List ALL officers (names and add	lresses)			Check	the box to indic	cate an attachment	
President Name Darlene Joaquin			Vice-President Name				
Street Address 36 Fiume Street			Street Address				
City West Warwick	State RI	<sup>Zip</sup> 02893	City		State	Zip	
· · · · · · · · · · · · · · · · · · ·	I NI	02893	T				
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ac	ldresses)			Check	the box to indic	cate an attachment	
Director Name		<u></u> . <u></u>	Director Na		the Box to make	an diadelinent	
Street Address '			Street Address				
City	State	Zip	City		State	Žip	
Director Name	1	<u> </u>	Director Na	eme	<u> </u>		
Street Address			Street Address				
City State Zip		- Zin	City		State	Žip	
		2.0	Jony Jones		State	2.10	
		10. Shares Issu				cate an attachment	
This information is currently of record in the Department of State.		NJMBER OF	SHARES		SISERILS	PAR VALUE	
Changes require an additional filing.		1000		CNP		\$0.00	
<b>.</b>							
11. This report must be executed or	n behalf of the	corporation by an a	uthorized rep	resentative. If the	corporation is i	n the hands of a re-	
ceiver or trustee, this report must be Under penalty of perjury, I declar	e and affirm th	hat I have examine	ed this repor	<u>eceiver or trustee</u> t, including any a	accompanying	schedules and	
statements, and that all statements Name of Authorized Representative	<u>its contained i</u>	herein are true and	d correct.		Date		
Darlene Joaquin						-1-2024	
Signature of Authorized Representa	fivo -				2-1-2		
Signature of Authorized Treplesening	///						
MAIL TO: Division of Business Services							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov