

State of Rhode Island

Department of State - Business Services Division

FILED

Corporation

Annual Report for the year: 2024

Filing period: February 1 - May 1
Filing Fee: \$50.00

-	Penalty:	Additiona	\$25.00	foo if form	ie not	filed by	May 2	1
_	i chaity.	Additiona	WZ J.00	ICC II IOIII	1 13 1101	med by	IVIAY 3) I.

Penalty: Additional \$25.00 f 1. Entity ID Number		ot filed by May 31. e of the Corporation						
000131229	JDM Realty Corp.							
Principal Office Address			City		State	Zip		
36 Fiume Street			i ,	Warwick	RI	02893		
4. NAICS Code		ption of the characte			node Island			
53 11 0 0	Real Estat	te Holding, Pro	perty Ma	ınagement				
5. State of Incorporation	1							
Rhode Island								
7. List ALL officers (names and add	dresses)		O-an		the box to indicat	te an attachment		
President Name Darlene Joaqu			Vice-Presi	edent Name				
Street Address 36 Fiume Stree	et .		Street Address					
City West Warwick	State RI	^{Zip} 02893	City		State	Žip		
Secretary Name			Treasurer I	Name				
Stree: Address		Street Add	iress					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ac	ddress <u>es)</u>			Check	the box to indica	te an attachment		
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Na		**************************************			
Street Address			Street Add	Iress				
City	State	Zip	City		State	Ζιρ		
Director Name	1		Director Na	ame				
Street Address			Street Add	iress				
City	State	Zip	City	 	State	Žip		
9. Shares Authorized	<u> </u>	10. Shares Issu				ate an attachment		
This information is currently of recor Department of State.	rd in the	NUMBER OF S		CLASS:	SSERILS	PAR VALUE		
Changes require an additional filing.		1000		CNP	\$	50.00		
			_					
 This report must be executed or ceiver or trustee, this report must b 	be executed on be	pehalf of the corpora	ation by the	receiver or trustee.				
Under penalty of perjury, I declar statements, and that all statemer	re and affirm tha	nat I have examined	d this repor	rt, including any a	ccompanying s	chedules and		
Name of Authorized Representative	<u>:NS COManicu ii</u> !e	erein are nue anu	Correct.	Date Date				
Darlene Joaquin	//				2-1-20)24		
Signature of Authorized Represent	ative							

MAIL TO:

MAIL TO: Division of Business Services

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

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