



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 09 2024

BY *L/50696*

| | | | | | |
|---|--------------------|--|---|--------------------|--|
| 1 Entity ID Number 132347 | | 2 Exact name of the Corporation JJC Development Corporation | | | |
| 3. Principal Office Address 150 Amaral Street | | | City Riverside | State RI | Zip 02915 |
| 4. NAICS Code 531110 | | 6 Brief description of the character of business conducted in Rhode Island To engage in the business of real estate sales, leasing, purchasing, development and to otherwise deal in real estate | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name John J. Cardosi, Jr. | | | Vice-President Name None | | |
| Street Address 50 Amaral Street | | | Street Address | | |
| City Riverside | State RI | Zip 02915 | City | State | Zip |
| Secretary Name John J. Cardosi, Jr. | | | Treasurer Name John J. Cardosi, Jr. | | |
| Street Address 50 Amaral Street | | | Street Address 50 Amaral Street | | |
| City Riverside | State RI | Zip 02915 | City Riverside | State RI | Zip 02915 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name None | | | 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 | | Common | \$0.01 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 John J. Cardosi, Jr., President | | | | | Date 1-25-24 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov