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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 27 2024
BY 1457458

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.

1. Entity ID Number	2. Exact name of the Corporation
71334	JJR Realty Associates, Inc.

3. Principal Office Address	City	State	Zip
125 Higginson Avenue	Lincoln	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531312	Business of property management, residential, commercial and industrial
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Timothy Martins	125 Higginson Avenue	Lincoln	RI	02865

Vice-President Name	Street Address	City	State	Zip
Peter J. Martins	125 Higginson Avenue	Lincoln	RI	02865

Secretary Name	Street Address	City	State	Zip
Peter J. Martins	125 Higginson Avenue	Lincoln	RI	02865

Treasurer Name	Street Address	City	State	Zip
Peter J. Martins	125 Higginson Avenue	Lincoln	RI	02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Timothy Martins	125 Higginson Avenue	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
Peter J. Martins	125 Higginson Avenue	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par

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	Date
Timothy Martins	2/12/2024

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023