



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 27 2024

BY 11/57458

1. Entity ID Number 71334		2. Exact name of the Corporation JJR Realty Associates, Inc.			
3. Principal Office Address 125 Higginson Avenue		City Lincoln		State RI	Zip 02865
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island 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 Timothy Martins			Vice-President Name Peter J. Martins		
Street Address 125 Higginson Avenue			Street Address 125 Higginson Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Peter J. Martins			Treasurer Name Peter J. Martins		
Street Address 125 Higginson Avenue			Street Address 125 Higginson Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Timothy Martins			Director Name Peter J. Martins		
Street Address 125 Higginson Avenue			Street Address 125 Higginson Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		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 Timothy Martins				Date 2/12/2024	
Signature of Authorized Representative 					

MAIL TO:

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