



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

APR 1 2024

BY *[Signature]* 2024.

1. Entity ID Number 21486		2. Exact name of the Corporation J-G-F REALTY, INC.			
3. Principal Office Address 151 Putnam Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE LEASING AND OPERATION			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH A. NOTARANTONIO, III			Vice-President Name JAMES M. MAGGIACOMO		
Street Address 51 NARRAGANSETT AVENUE			Street Address 33 WHISPERING PINES DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City CRANSTON	State RI	Zip 02921
Secretary Name SUSAN M.N. ANTONIO			Treasurer Name ELAINE M. NOTARANTONIO		
Street Address 34 APPLETON STREET, #1			Street Address 80 SOUTH FERRY ROAD		
City BOSTON	State MA	Zip 02116	City SAUNDERSTOWN	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GRACE E. PANTANO			Director Name LISA A. NOTARANTONIO		
Street Address 60 ROBBINS ROAD, UNIT 5			Street Address 1515 DOUGLAS AVENUE		
City PLYMOUTH	State MA	Zip 02360	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 600	CLASS/SERIES Common	PAR VALUE 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 JOSEPH A. NOTARANTONIO, III				Date 3 / 20 / 2024	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

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