



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.

APR 26 2024
1079 *02*

1. Entity ID Number 000075476		2. Exact name of the Corporation J. GANNON REALTY CO.			
3. Principal Office Address 33 KENNEY DRIVE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, TAKE, RECEIVE, LEASE, ACQUIRE, OWN, HOLD, IMPROVE, USE AND CONVEY, DEAL IN REAL OR PERSONAL PROPERTY.			
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 CHRISTOPHER W. JONES			Vice-President Name JOSEPH O. PEIXOTO		
Street Address 33 KENNEY DRIVE			Street Address 33 KENNEY DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name JOSEPH O. PEIXOTO			Treasurer Name DAVID G. DEUEL		
Street Address 33 KENNEY DRIVE			Street Address 33 KENNEY DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			10	Voting/Common	0
			638.2	Non-Voting/Comr	0
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 CHRISTOPHER W. JONES					Date 4/22/24
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