



State of Rhode Island  
Department of State - Business Services Division


FILED

JAN 23 2025 AMP

BY 10/16

Annual Report for the year: 2025  
Limited Liability Company

- 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<br><b>529618</b>   |  | 2. Exact name of the Limited Liability Company<br><b>H.J.R.Realty,LLC.</b>                   |                           |                     |
| 3. NAICS Code<br><b>real estate and rental</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Realty</b> |                           |                     |
| 5. State of Formation<br><b>R.I.</b>   |  |  |                           |                     |
| 6. Principal Office Address<br><b>10 Horizon Drive</b>   |  | City<br><b>Saunderstown</b>  | State<br><b>R.I.</b>      | Zip<br><b>02874</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                           |                     |
| Contact Name<br><b>Joel Rittner, Member</b>  |  | Contact Title<br><b>Treasure</b>   |                           |                     |
| Street Address<br><b>10 Horizon Drive</b>  |  | City<br><b>Saunderstown</b>  | State<br><b>R.I.</b>      | Zip<br><b>02874</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |  |                           |                     |
| 9. <i>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.</i> |  |  |                           |                     |
| Name of Authorized Person<br><b>Joel Rittner, Member</b>   |  |  | Date<br><b>01/14/2025</b> |                     |
| Signature of Authorized Person<br> member ✓   |  |  |                           |                     |

MAIL TO:

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