⁷RI SOS Filing Number: 202568237980 Date: 3/24/2025 4:00:00 PM State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2025 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 001694336 JSM Properties Corp. 3. Principal Office Address City State Zio 150 Chestnut Street Providence RI 02903 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 531390 Real Estate 5. State of Incorporation RI List ALL officers (names and addresses) Check the box to indicate an attachment President Name David Malkin Vice-President Name Street Address 150 Chestnut Street Street Address City **Providence** State Zip RI 02903 Secretary Name David Malkin Treasurer Name David Malkin Street Address 150 Chestnut Street Street Adaress 150 Chestnut Street State Zip 02903 **Providence** RI 02903 **Providence** RI 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name David Malkin Street Address Street Address 150 Chestnut Street Zip 02903 State City State Zio **Providence** RI 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 NUMBER OF SHARES This information is currently of record in the CLASS/SERIES Department of State. 100 No Par Common Changes require an additional filing. 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 David Malkin

President

Signature-of-Authorized Representative

Division of Business Services

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MAIL TO: