State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
'25 APR 3 PM4:15:09

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
000080918	Jason's Realty Corp.

3. Principal Office Address	City	State	Zip
101 Plain Street, 1st Floor, Suite 100	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	ACQUISTION OF REAL ESTATE
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Stefania M. Mardo	
Street Address: 101 Plain Street, 1st Floor, Suite 100	Street Address:
City: Providence / State: RI / Zip: 02903	City: / State: / Zip:
Secretary Name: Stefania M. Mardo	Treasurer Name: Stefania M. Mardo
Street Address: 101 Plain Street, 1st Floor, Suite 100	Street Address: 101 Plain Street, 1st Floor, Suite 100
City: Providence / State: RI / Zip: 02903	City: Providence / State: RI / Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	196	CNP	$0.00

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	Date
Stefania M. Mardo	3.27.25

Signature of Authorized Representative: Stefania Mardo

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
APR 03 2025
BY

FORM 630- Revised: 12/2023