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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 001672319		2. Exact name of the Corporation J.C.A. REAL ESTATE CORPORATION												
3. Principal Office Address 24 NIVERVILLE STREET			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name JULIO C RODRIGUEZ			Vice-President Name JULIO C. RODRIGUEZ											
Street Address 24 NIVERVILLE STREET			Street Address 24 NIVERVILLE STREET											
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NPV			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	COMMON	NPV												
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 JULIO C. RODRIGUEZ					Date 4/3/25									
Signature of Authorized Representative <i>Julio C. Rodriguez</i>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 12/2023