RI SOS Filing Number: 202573721030 Date: 5/28/2025 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

2025

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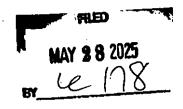
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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                     | -  |   |                   |                      |
|-------------------------------------|--|---|-------------------|----------------------|
| Entity ID Number                    | 2. Exact name of the Limited Liability Company   |   |                   |                      |
| 155192                              | JDP Real Estate, LLC   |   |                   |                      |
| 3. NAICS Code                       | 4. Brief description of the character of business conducted in Rhode Island              |   |                   |                      |
| 531110                              | Operate, develop, hold, sell or otherwise dispose of real property or personal property. |   |                   |                      |
| 5. State of Formation               |  |   |                   |                      |
| Rhode Island                        |  |   |                   |                      |
| 6. Principal Office Address         | <del> </del>   | City  | State             | Zip                  |
| 36 Pershing Street                  |  | East Providence                                     | RI                | 02914                |
| 7. Mailing Address of Limited       | Liability Company and Name or  | Title of Contact Person                             |                   |                      |
| Contact Name Joseph D. Ptaszek, Jr. |  | Contact Title Manager                               |                   |                      |
| Street Address 36 Pershing Street   |  | City East Providence                                | State RI          | <sup>Zip</sup> 02914 |
| 8. The Resident Agent inform        | ation currently of record with the   | RI Department of State is accurate                  | . Changes require | e filing Form 642.   |
|                                     | I declare and affirm that I hav<br>tements contained herein are                          | e examined this report, including true and correct. | any accompany     | ring schedules and   |
| Name of Authorized Person           |  |   | Date              | /                    |
| Joseph D. Ptaszek, Jr.              |  |   | 4/2/2             | 3                    |
| Signature of Authorized Person      | Sprill Se  |   | 7/                |                      |



MAIL TO:

**Division of Business Services** 

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