



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

MAY 03 2022
 28210⁰² STAMP

- 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 22261		2. Exact name of the Corporation J.R.B. REALTY, INC.			
3. Principal Office Address 20 SHARPE DRIVE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island ENGAGE IN REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephanie Rennard/Trustee-Joseph Baccala			Vice-President Name Ronald Baccala/Trustee Ronald Baccala		
Street Address 16 RED BROOK CROSSING Revocable			Street Address 20 SHARPE DRIVE Revocable		
City LINCOLN	State RI	Zip 02865	City CRANSTON	State RI	Zip 02920
Secretary Name GERT-ANN DIPAULO			Treasurer Name Stephanie Rennard/Trustee-Joseph Baccala		
Street Address 20 SHARPE DRIVE			Street Address 16 RED BROOK CROSSING Revocable		
City CRANSTON	State RI	Zip 02920	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		300		COMMON	
				PAR VALUE	
				NONE	
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 STEPHANIE RENNARD - TRUSTEE					Date 3/21/2022
Signature of Authorized Representative <i>Stephanie Rennard, Trustee</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