



Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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| | | | | | |
|---|--------------------|---|---|--------------------|-----------------------|
| 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 BROOK CROSSING REVOCABLE | | | Street Address 20 SHARPE DRIVE REVOCABLE | | |
| City LINCOLN | State RI | Zip 02865 | City CRANSTON | State RI | Zip 02920 |
| Secretary Name GERI-ANN DIPAOLO-TRUSTEE RONALD BACCALA | | | Treasurer Name STEPHANIE RENNARD/TRUSTEE JOSEPH BACCALA | | |
| Street Address 20 SHARPE DRIVE REVOCABLE | | | 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 | | PAR VALUE |
| | | | 300 | | COMMON |
| | | | | | 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Representative STEPHANIE RENNARD - TRUSTEE | | | | | Date 3-6-23 |
| Signature of Authorized Representative <i>Stephanie Rennard, Trustee</i> | | | | | FILED |

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

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