



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**  
 MAR 31 2023  
 BY 2107  
 [Signature]

**Annual Report for the year:** 2023  
**Limited Liability Company**

- 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<br><b>162324</b>  | 2. Exact name of the Limited Liability Company<br><b>JJ &amp; M FIRST REALTY, LLC</b>             |                              |                     |
| 3. NAICS Code<br><b>531120</b>  | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |                              |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |   |                              |                     |
| 6. Principal Office Address<br><b>2417 Mendon Road</b>  | City<br><b>Woonsocket</b>   | State<br><b>RI</b>           | Zip<br><b>02895</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                              |                     |
| Contact Name <b>JOSEPH A. LAMAGNA</b>   |   | Contact Title <b>MANAGER</b> |                     |
| Street Address <b>2417 Mendon Road</b>  | City <b>Woonsocket</b>  | State <b>RI</b>              | Zip <b>02895</b>    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |                              |                     |
| <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 Person<br><b>JOSEPH A. LAMAGNA, MANAGER</b>  |   | Date<br><b>3/28/23</b>       |                     |
| Signature of Authorized Person<br>  |   |                              |                     |

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