



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 54120		2. Name of Corporation DJD REALTY, INC			
3. Street Address Principal Business Office 559 PUTNAM PIKE			City GREENVILLE	State RI	Zip 02828
4. Business Phone No. 401-529-5127		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PURCHASING, LEASING, DEVELOPING OF REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DONALD J DARNBROUGH, JR			Vice President Name DOUGLAS J DARNBROUGH		
Street Address PO BOX 502			Street Address 17 URSULA DRIVE		
City GREENVILLE	State RI	Zip 02828	City BRISTOL	State RI	Zip 02809
Secretary Name JENNIFER L DARNBROUGH			Treasurer Name JILL M SALINARO		
Street Address 27 PEACH HILL AVE			Street Address 70 BUXTON STREET		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH SMITHFIELD	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 600	Class/Series COMMON	Par Value NO PAR VALUE

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.

FILED
File Date _____
Check No. JAN 20 2011
By: 1359
FOR SECRETARY OF STATE USE ONLY

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.

Donald J Darnbrough, Jr
Signature _____ Date **1-19-11**
DONALD J DARNBROUGH, JR
Print or Type Name
PRESIDENT
Title