



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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 5759		2. Name of Corporation D.J.M. CORPORATION			
3. Street Address Principal Business Office 175 HOFFMAN AVE #104			City CRANSTON	State R.I.	Zip 02920
4. Business Phone No. 401.989.8677		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTING + ENGINEERING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DOMENIC J. MAINELLI			Vice President Name DOMENIC J. MAINELLI		
Street Address 175 HOFFMAN AVE #104			Street Address 175 HOFFMAN AVE #104		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	Zip 02920
Secretary Name THOMAS J. MAINELLI			Treasurer Name DOMENIC J. MAINELLI		
Street Address 190 IOWA AVE N.E.			Street Address IR UE		
City J.PETERSBURG	State FL	Zip 33708	City -	State -	Zip -
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE		
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 MUST BE COMPLETED		
			Number of Shares 400	Class/Series COMMON	Par Value 100 PER

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 **FEB 15 2011**

Check No. **1764**

By: **BY** _____

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.

DOMENIC J. MAINELLI (9/11)
Signature Date
DOMENIC J. MAINELLI
Print or Type Name
2011 PRESIDENT
Title