



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 54120		2. Exact name of the Corporation DJD REALTY, INC.			
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 N PROVIDENCE	State RI	Zip 02911	City N SMITHFIELD	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	COMMON	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 _____
 By: _____

JAN 23 2013

BY 1604

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.

Jill M Salinaro 1/21/2013
 Signature of Authorized Representative Date

JILL M SALINARO, TREASURER

Print or Type Name of Authorized Representative