



**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 2016**

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. <b>5759</b>		2. Exact name of the Corporation <b>D.J.M. CORPORATION</b>					
3. Principal office address <b>175 HOFFMAN AVENUE #104</b>				City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
4. Business Phone No. <b>401-789-8671</b>				5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>CONTRACTING AND ENGINEERING</b>							
President Name <b>DOMENIC J. MAINELLI</b>				Vice-President Name <b>DOMENIC J. MAINELLI</b>			
Street Address <b>175 HOFFMAN AVENUE #104</b>				Street Address <b>175 HOFFMAN AVENUE #104</b>			
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
Secretary Name <b>THOMAS J. MAINELLI</b>				Treasurer Name <b>DOMENIC J. MAINELLI</b>			
Street Address <b>1911 IOWA AVE N.E.</b>				Street Address <b>175 HOFFMAN AVENUE #104</b>			
City <b>ST. PETERSBURG</b>	State <b>FL</b>	Zip <b>33703</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
Director Name <b>DOMENIC J. MAINELLI</b>				Director Name <b>THOMAS J. MAINELLI</b>			
Street Address <b>175 HOFFMAN AVENUE #104</b>				Street Address <b>1911 IOWA AVE N.E.</b>			
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>		City <b>ST. PETERSBURG</b>	State <b>FL</b>	Zip <b>33703</b>	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
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	
				400	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.*

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.

*[Signature]*  
 Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**DOMENIC J. MAINELLI**  
 Printer Type Name of Authorized Representative

**FILED**

FEB 04 2016

KCL 1336