



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. <u>63145</u>		2. Exact name of the Corporation <u>DJR'S Restaurant INC.</u>			
3. Principal office address <u>357 main street</u>		City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	
4. Business Phone No. <u>401 885-3358</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Full Service Restaurant</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>John R. Rotondi</u>		Vice-President Name <u>NA</u>			
Street Address <u>212 Wendell Rd.</u>		Street Address			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City	State	Zip
Secretary Name <u>Sharon A. King</u>		Treasurer Name <u>John R Rotondi</u>			
Street Address <u>212 Wendell Rd.</u>		Street Address <u>212 Wendell Rd</u>			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>N-A NONE</u>		Director Name <u>NONE</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name <u>NONE</u>		Director Name <u>NONE</u>			
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
			<u>100</u>	<u>Common</u>	<u>NONE</u>

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

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.

John R. Rotondi 2-23-16  
Signature of Authorized Representative Date

John R. Rotondi President  
Print or Type Name of Authorized Representative

FILED

FEB 25 2016

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