



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>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <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>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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.

**FILED**

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

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

FEB 25 2016  
 RV KL 20954