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 2017

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.	2. Exact name of the Corporation
550908	**D & J APPLIANCE INC.**

3. Principal office address	City	State	Zip
263 Academy Avenue	**Providence**	**RI**	**02908**

4. Business Phone No.	5. State of Incorporation
401-351-0510	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Repair, maintenance and sales of used appliances to the general public

President Name	Vice-President Name
Daniel Santos	**Giuseppe Pagnani**
Street Address: **263 Academy Avenue**	Street Address: **263 Academy Avenue**
City: **Providence** State: **RI** Zip: **02908**	City: **Providence** State: **RI** Zip: **02908**
Secretary Name: **Giuseppe Pagnani**	Treasurer Name: **Daniel Santos**
Street Address: **263 Academy Avenue**	Street Address: **263 Academy Avenue**
City: **Providence** State: **RI** Zip: **02908**	City: **Providence** State: **RI** Zip: **02908**

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

8. SHARES AUTHORIZED

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
8,000	common	$0.0100

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

FILED
FEB 15 2017
11762

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 of Authorized Representative — Date: 1-23-17

Daniel Santos, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012