



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 101295		2. Exact name of the Corporation CJD, Inc.												
3. Principal Office Address 1435 Victory Highway		City North Smithfield	State RI	Zip 02896										
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island To provide auto repair services.													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Charles Desjardins		Vice-President Name Jeanne Desjardins												
Street Address PO Box 180		Street Address PO Box 180												
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876									
Secretary Name		Treasurer Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Charles Desjardins		Director Name Jeanne Desjardins												
Street Address PO Box 180		Street Address PO Box 180												
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1000</td><td>common</td><td>no par value</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	common	no par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	common	no par value												
11. 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.														
Name of Authorized Representative Charles Desjardins				Date 2/14/17										
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED 02										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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