



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

Annual Report for the year: 2018
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 63145		2. Exact name of the Corporation DJR'S Restaurant Inc.			
3. Principal Office Address 357 Main Street			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John R. Rotondi			Vice-President Name N.A		
Street Address 212 WENDELL ROAD			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Secretary Name Sharon A. King			Treasurer Name John R. Rotondi		
Street Address 212 WENDELL ROAD			Street Address 212 WENDELL ROAD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N-A: NONE			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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/FRIES	PAR VALLE
			100	Common	NONE
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 John R. Rotondi					Date 1-16-2018
Signature of Authorized Representative <i>John R Rotondi</i>					

FILED

JAN 19 2018

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

BY 22611