



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.

FILED_{IP}

KM FEB 09 2018

BY 14506

1. Entity ID Number 550908		2. Exact name of the Corporation D & J APPLIANCE, INC.			
3. Principal Office Address 263 Academy Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 443141		6. Brief description of the character of business conducted in Rhode Island Repair, maintenance and sales of used appliances to the general public.			
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 Daniel Santos			Vice-President Name 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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
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/SERIES		
			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 Daniel Santos					Date 1/9-18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

2018 FEB 9 AM 9:08 6-8310102

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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 SECRETARY OF STATE
 CORPORATIONS DIV