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

FEB 09 2018

BY 14506

1. Entity ID Number	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. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
443141	**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 ☐

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**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**8,000**	**Common**	**$0.01**
Changes require an additional filing.			

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	Date
Daniel Santos	1/9/18

Signature of Authorized Representative

SIGN DOCUMENT HERE

2018 FEB -9 AM 8:38

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

FORM 630 - Revised: 10/2017