



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FILED
CORPORATION
OFFICE

1. Entity ID Number 5759		2. Exact name of the Corporation D.J.M. Corporation			
3. Principal Office Address 22 Betty Hill Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Contracting and Engineering.			
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 Domenic J. Mainelli			Vice-President Name Domenic J. Mainelli		
Street Address 22 Betty Hill Road			Street Address 22 Betty Hill Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Thomas J. Mainelli			Treasurer Name Domenic J. Mainelli		
Street Address 1911 Iowa Avenue N.E.			Street Address 22 Betty Hill Road		
City ST. Petersburg	State FL	Zip 33703	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Domenic J. Mainelli			Director Name Thomas J. Mainelli		
Street Address 22 Betty Hill Road			Street Address 1911 Iowa Avenue N.E.		
City Narragansett	State RI	Zip 02882	City ST. Petersburg	State FL	Zip 33703
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		
			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 Thomas J. Mainelli					Date
Signature of Authorized Representative					
SIGN DOCUMENT HERE					

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

FILED

FEB 01 2019

FORM 630 - Revised: 10/2017

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