



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV STAMP

2019 FEB 11 AM 9:08

1. Entity ID Number 001659242		2. Exact name of the Corporation PJD, INC.												
3. Principal Office Address 001659242 1000 Chapel View Blvd Ste 250		City Cranston		State RI	Zip 02920									
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island To conduct a financial services business and do all things incidental thereto.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Paul J. DiPalma			Vice-President Name Same as President											
Street Address 1000 Chapel View Blvd . Suite 250			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
Secretary Name Same as President			Treasurer Name Same as President											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SECTS</th> <th>PAY VA: UE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td></td> <td>NO</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SECTS	PAY VA: UE	500		NO			
NUMBER OF SHARES	CLASS/SECTS	PAY VA: UE												
500		NO												
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 Paul DiPalma, President					Date 02 08 2019									
Signature of Authorized Representative														
SIGN DOCUMENT HERE					FILED									

## MAIL TO:

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

FEB 11 2019

BY HPNF7

FORM 630 - Revised: 10/2017