State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

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2019 FEB 11 AM 9:08

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.

1. Entity ID Number	2. Exact name of the Corporation
001659242	PJD,INC.

3. Principal Office Address	City	State	Zip
001659242 1000 Chapel View Blvd Ste 250	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
523930	To conduct a financial services business and do all things incidental thereto.
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Paul J. DiPalma	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) — Check the box to indicate an attachment ☐

Director Name	Director Name
None	
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.	500		NO
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
Paul DiPalma, President	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

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BY HPNF7

FORM 630 - Revised: 10/2017