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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.

1. Entity ID Number <u>658621</u>		2. Exact name of the Corporation <u>DJM ENTERPRISES INC</u>			
3. Principal Office Address <u>146 MAGNOLIA ST</u>		City <u>CRAWSTON</u>		State <u>RI</u>	Zip <u>02910</u>
4. NAICS Code <u>999999</u>		5. Brief description of the character of business conducted in Rhode Island <u>Sale of Fitness Supplements</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name <u>DANIEL MATTESON</u>			Vice-President Name <u>DANIEL MATTESON</u>		
Street Address <u>PO Box 3780</u>			Street Address <u>PO Box 3780</u>		
City <u>CRAWSTON</u>		State <u>RI</u>	Zip <u>02910</u>	City <u>CRAWSTON</u>	
State <u>RI</u>		Zip <u>02910</u>		State <u>RI</u>	
Zip <u>02910</u>		City <u>CRAWSTON</u>		Zip <u>02910</u>	
Secretary Name <u>DANIEL MATTESON</u>			Treasurer Name <u>DANIEL MATTESON</u>		
Street Address <u>PO Box 3780</u>			Street Address <u>PO Box 3780</u>		
City <u>CRAWSTON</u>		State <u>RI</u>	Zip <u>02910</u>	City <u>CRAWSTON</u>	
State <u>RI</u>		Zip <u>02910</u>		State <u>RI</u>	
Zip <u>02910</u>		City <u>CRAWSTON</u>		Zip <u>02910</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name <u>DANIEL MATTESON</u>			Director Name		
Street Address <u>PO Box 3780</u>			Street Address		
City <u>CRAWSTON</u>		State <u>RI</u>	Zip <u>02910</u>	City	
State <u>RI</u>		Zip <u>02910</u>		State	
Zip <u>02910</u>		City		Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		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
			<u>100</u>	<u>CN</u>	<u>0</u>
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 <u>DANIEL MATTESON</u>				Date	
Signature of Authorized Representative <u>[Signature]</u>				FILED	
				OCT 10 2019	

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

BY [Signature] WW60H
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