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

Annual Report for the year: 2015  
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 <b>658621</b>		2. Exact name of the Corporation <b>DJM ENTERPRISES INC</b>			
3. Principal Office Address <b>146 MAGNOLIA ST</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>999999</b>		5. Brief description of the character of business conducted in Rhode Island <b>Sale of Fitness Supplements</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DANIEL MATTESON</b>			Vice-President Name <b>DANIEL MATTESON</b>		
Street Address <b>PO Box 3780</b>			Street Address <b>PO Box 3780</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>DANIEL MATTESON</b>			Treasurer Name <b>DANIEL MATTESON</b>		
Street Address <b>PO Box 3780</b>			Street Address <b>PO Box 3780</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DANIEL MATTESON</b>			Director Name		
Street Address <b>PO Box 3780</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			<b>100</b>	<b>CNS</b>	<b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>DANIEL MATTESON</b>					Date
Signature of Authorized Representative <i>[Signature]</i>					<b>FILED</b>
					<b>OCT 10 2019</b>

BY WW60H 1012

MAIL TO:  
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