RI SOS Filing Number: 202032371990 Date: 1/13/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED	STAP
JAN 1 3 2020 8	For the state of t
. 11 20	VI 10

Entity ID Number	2 Exact nam	2. Exact name of the Corporation						
5740		D.J. Development Corp.						
			1			<u></u>		
3. Principal Office Address			City		State	Zip		
339 Market Street		Warren		RI	02885			
4. NAICS Code	Brief descr	6. Brief description of the character of business conducted in Rhode Island						
' わるロロ	¢ Purchase a	C Purchase and sale of all types of real estate, equipment and supplies						
5. State of Incorporation								
Rhode Island								
						······································		
7. List ALL officers (names as	nd addresses)		Non Deneidant	Check	the box to in	ndicate an attachment 🔲		
President Name Joseph Francis			Vice-President Name Jeffrey Francis					
Street Address 175 Poppasquash Road			Street Address 2 Blackstone Lane					
City Bristol	State RI	Zip 02809	City Warren		State RI	^{Zip} 02885		
Secretary Name Joseph Fran	cis		Treasurer Name Jeffrey Francis					
						-118		
Street Address 175 Poppasqu			0	2 Blackstone Lan	е			
City Bristol	State RI	Zip 02809	City Warren		State RI	Z _{IP} 02885		
8. List ALL directors (names	and addresses)	*	`	Check	the box to it	ndicate an attachment		
Director Name Joseph Franc	is	_	Director Name	;				
· ·			Street Address					
Street Address 175 Poppasqu	ash Road		Sileet Address	•				
City Bristol	State RI	Z ₁ p 02809	City		State	Zip		
Director Name	<u> </u>	Director Name		<u> </u>				
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
		'F			0.5.5	 		
9. Shares Authorized		10. Shares Issue						
This Information is currently o Department of State.	f record in the	NUMBER C	F SHARES	CLASS/SFRIES		PAR VALUE		
·		300		Common		No Par Value		
Changes require an additional	filing.		•	-				
11. This report must be even	utad an babalf of the	corneration by ==	outhorized sees	antation If the area		ha handa afa		
 This report must be executive trustee, this report must be executed. 					oration is in 1	ne nanos or 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 Represe	entative				Date	•		
Joseph Francis					1	8 2020		
Signature of Authorized Repo	resentative			<u>. </u>				
Joseph	danci	SIGN DO	CUMENT HE	RE				

MAIL-TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov