State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020

FILED

JAN 1 3 2023

| Annual Report for the yea | r: |
|---------------------------|----|
|---------------------------|----|

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

| ву) | 1203 |
|-----|------|
| | 0 |

| , , | | | | <u> </u> | | | |
|---|-------------------------|---------------------------------------|----------------------------------|--|----------------|---------------------------|--|
| Entity ID Number | | of the Corporation | | | | | |
| 63145 | DJR's | Restauran | + INC. (|) BA ED'S R | post | | |
| 2. Delegian I Office Address | <u> </u> | | | | | Zip | |
| 3. Principal Office Address | | | 1- A 4- | GREENWICH | RT | į ' | |
| 357 MAIN STRI | == = | | 6/23/ | G-HERMANICI. | 1,7 | 02818 | |
| 4. NAICS Code | 6. Brief descrip | ption of the characte | er of business c | onducted in Rhode Isl | and | | |
| 722511 | Full SERVICE RESTAURANT | | | | | | |
| | - Pull | SELVICE L | (ESTAW) | KIAN 1 | | | |
| 5. State of Incorporation | | | | | | | |
| Rhode Island | · I | | | | | | |
| 7. List ALL officers (names and ad | Idresses) | <u> </u> | | Check th | ne box to inc | dicate an attachment 🔲 | |
| President Name | | | Vice-President | t Name | | | |
| John R. Rotandi | rondi | | | | | | |
| Street Address 2 2 | | | Street Address | | | | |
| ZIZ WENDEH RO | | | | <u>. </u> | T2 | | |
| City WARWICK | State RT | Zip 0 2 8 8 8 | City | | State | Zip | |
| | 1,3 | 00000 | TNin- | | <u> </u> | l | |
| Secretary Name SUSAN L. Rotor | ن لمر، | | Treasurer Name John R Rotondi | | | | |
| Otto at Addison | | | 104 | Di aut findance | | | |
| 200 Mayfield | AVE Apt | H.2 | 217 | WENDEII RO | ia d | | |
| | ¥ | | | | State | Zip s.c. Cr | |
| City Cranston | I I I | Zip 02920 | City War | .WICH | 1/7 | Zip 02888 | |
| 8. List ALL directors (names and a | addresses) | · · · · · · · · · · · · · · · · · · · | | Check t | ne box to in | dicate an attachment | |
| Director Name | • | | Director Name | • | | | |
| | | <u>.</u> | | | . == | | |
| Street Address | | | Street Address | 5 | | | |
| <u></u> | | T_ | | | To | | |
| City | State | Zip | City | | State | Zip | |
| Director Name | | | Director Name | | <u> </u> | | |
| Director Name | | | Director Name | • | | | |
| Street Address | | | Street Address | | | | |
| | | | | | | | |
| City | State | Zip | City | | State | Zip | |
| | | _ | | | | | |
| 9. Shares Authorized | | 10. Shares Issu | | | he box to in | dicate an attachment | |
| This information is currently of record in the | | NUMBER OF SHARES | | C: ASS/SERIES | <u> </u> | PAR VALUE | |
| Department of State. | | 100 | | Common | | NONE | |
| Changes require an additional filing | g. | | | ··- | | | |
| | | | | <u></u> | | | |
| 11. This report must be executed | | | | | ation is in th | he hands of a receiver or | |
| trustee, this report must be execu | | | | | | | |
| Under penalty of perjury, I deci | | | | including any accom | panying so | nedules and | |
| statements, and that all statem Name of Authorized Representati | | nerein are true and | <u>correct.</u> | | Date | | |
| | | | | | -6-2020 | | |
| John R. Roton | (0.1 | | | | | | |
| Signature of Authorized Represer | ntative | | | • | - | | |
| John R. Col | 1-md. | | 1. A. 1 | | | | |
| | | | | | | | |
| | | | | | | | |

MAIL TO:

Division of Business Services

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

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