

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Filing Period: January 1 - 1	KATION AN	NUAL REPOR	RT FOR THE YEA	$\mathbf{R} = 200$	<u>05</u>	; [1
(FORM MUST BE TYPED OR PRI		ling Fec: \$50.00				أعاليان
7 Corporate ID No. 135061	2. Name of Corporal DJ JOHNNY I		ERVICE INCORPORATED	-	<u> </u>	
3. Street Address Principal Business Office			Gily	State	Zip	
55 CARLTON AVENUE 1. Business Phone No. 5. State of Incorporation			WARWICK	RT	0988	89
(401) 741 - 3123 RHODE ISLAND					6. SIC Code	a
7 Brief Description of the Character DJ SERVICE, KARAOK	of Business Conducted E	in Rhode Island	<u> </u>			
8. NAMES AND ADDRESSE	S OF THE OFFICER	RS: ("X" BOX FOR AT	FACHMENT)	SPACES REFORE HEIN	NG ATTACHMEN	انان
President Name			Vice President Name			
Street Address	BERNARPO		Street Address			
55 CARLYO	N AUSIN					
WARLITK	State Q.T.	2/p	City	State	Zip	
Secretary Name			Treasurer Name NON9			
Street Address			Street Address	· - · · · · · · · · · · · · · · · · · · ·		
Gltv	State	Z(p	City	State	Zιp	+ + +
•					1	
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X" BOX FOR ATT Director Name			TTACHMENT)	N SPACES BEFORE US	ING ATTACHME	NTS !
JOHN J BERNARDO					' '	,111,11
SIRVER Address SS CARLTON AUENUE			Sirrei Address			_ ! : ;
City	State	Zip*	City	State	Zip	
WARWICK Director Name] RI	102889	Director Name			
Sirvet Address	•		Sirvet Address			
City	State	Zıp	Cuy	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	1
100 NO PAR VALUE			None			
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inis report must be	signed in ink by ei	ther the President, Vice	President, Secretary, Assista	ant Secretary, Treasurer,	, Receiver or Tru	istee
		 			:	اجرابيالنة
			including any accor	rjury, I declare and affirm to npanying schedules and sta		
File Date 5-26-0	, ~		contained herein are	true and correct.	11.6	
File Date _ 3 - 26 - 6	<u>, </u>	- [Signature of Officer	Dernindo	9 19,	1105 ale
Check No 1\ 5		-	JOHN T	S BERNARDS	•/•	
By: 0 W		_	Print or Type Name of Officer			
FOR SECRETARY OF STATIL USE ONLY			PRESTT	DENT		4414
- , _		 J	Title of Officer		Form 630 R	₹e∳ 12/03



1. Corporate ID No.

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Matthew A. Brown, Secretary of State

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BIACK)

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: 550.00

DJ JOHNNY B PROFESSIONAL DJ SERVICE INCORPORATED

3. Street Address Principal Business Office State CARLHON 4. Business Phone No 5. State of Incorporation 6. SIC Code 401 741-3123 RHODE ISLAND Description of the Character of Business Conducted in Rhode Island DJ SERVICE, KARAOKE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address Street Address City State Zip S Street Address City State City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name なわん Succe Address Street Address City State Z.ip Director Name Street Address Street Address Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value NIV 100 100 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. ture of Office resi dent FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 Rev. 12/03