RI SOS Filing Number: 202187604970 Date: 1/20/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

FILED

AN 2 0 2029

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Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

2436

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
54120	DJD REALT	DJD REALTY, INC.					
3. Principal Office Address 559 PUTNAM PIKE			City GREENVILI	.E	State RI	Zip 02828	
4. NAICS Code 531390 5. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island PURCHASE, LEASING, DEVELOPING OF REAL ESTATE					
RI						j	
7. List ALL officers (names ar	nd addresses)			Chec	ck the box to in	ndicate an attachment 🔲	
President Name DONALD J D	Vice-President Name DOUGLAS J DARNBROUGH						
Street Address PO BOX 502	Street Address 31 ASHLYNN WAY						
City GREENVILLE	State RI	Zip <sub>02828</sub>	City REHOBOTH		State MA	Z <sup>IP</sup> 02769	
Secretary Name JENNIFER L DARNBROUGH			Treasurer Name JILL M SALINARO				
Street Address 27 PEACH HI	Street Address 70 BUXTON ST						
<sup>City</sup> N PROVIDENCE	State RI	<sup>Zip</sup> 02911	City N SMITHFIELD		State RI	State RI Zip 02896	
8. List ALL directors (names	and addresses)		¹	Che	ck the box to i	ndicate an attachment 🗖	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zıp	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Is	 ssued	ed Check the box to indicate an attachment			
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER	OF SHARES	CLASS/SERIES PAR VALUE  COMMON NO PAR VALUE			
		600	600			NO PAR VALUE	
11. This report must be exec					rporation is in	the hands of a receiver or	
trustee, this report must be a Under penalty of perjury, I					- Amnandae	chodulae and	
statements, and that all st				ncluding any acc	.ompanying s		
Name of Authorized Representative					Date		
DONALD J DARNBROUGH					01/15/2021		
Signature of Authonzed Rep	presentative Larr Br	ough					

MAIL TO:

**Division of Business Services** 

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

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