RI SOS Filing Number: 202188110100 Date: 1/27/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED
JAN 27 2021
BY

1. Entity ID Number	2. Exact name of the Corporation
5740	**D.J. Development Corp.**

3. Principal Office Address	City	State	Zip
339 Market Street	**Warren**	**RI**	**02885**

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental anc (53110)	**Purchase and sale of all types of real estate, equipment and supplies**
5 State of Incorporation: **Rhode Island**	

7 List ALL officers (names and addresses) — Check the box to indicate 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 Francis**			Treasurer 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**

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Joseph Francis**			Director Name		
Street Address **175 Poppasquash Road**			Street Address		
City **Bristol**	State **RI**	Zip **02809**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — 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
	300	**Common**	**No Par Value**

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.

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 Representative: **Joseph Francis** Date: 1/15/2021

Signature of Authorized Representative: Joseph Francis SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016