State of Rhode Island
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.

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RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number	2. Exact name of the Corporation			
000005759	D.J.M. CORPORATION			
3. Principal Office Address		City	State	Zip
22 BETTY HILL ROAD		NARRAGANSETT	RI	02882
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	RENTAL REAL ESTATE			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: THOMAS J. MAINELLI			Vice-President Name: MICHAEL MAINELLI		
Street Address: 1911 IOWA AVENUE N.E.			Street Address: 859 SHRIVER CIRCLE		
City: ST PETERSBURG	State: FL	Zip: 33703	City: LAKE MARY	State: FL	Zip: 32746
Secretary Name: THOMAS J. MAINELLI			Treasurer Name: THOMAS J. MAINELLI		
Street Address: 1911 IOWA AVENUE N.E.			Street Address: 1911 IOWA AVENUE N.E.		
City: ST PETERSBURG	State: FL	Zip: 33703	City: ST PETERSBURG	State: FL	Zip: 33703

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

Director Name: THOMAS J. MAINELLI			Director Name: MICHAEL MAINELLI		
Street Address: 1911 IOWA AVENUE N.E.			Street Address: 859 SHRIVER CIRCLE		
City: ST PETERSBURG	State: FL	Zip: 33703	City: LAKE MARY	State: FL	Zip: 32746
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
400	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: THOMAS J. MAINELLI — Date: 2/14/21

Signature of Authorized Representative:

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

FILED
FEB 26 2021
BY: E9M2S 12:17

FORM 630 - Revised: 08/2020