



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.

FILED

APR 28 2021

BY

1040
DS

1. Entity ID Number 145394		2. Exact name of the Corporation DJL Real Estate												
3. Principal Office Address 75 Beagle Drive			City Middletown		State RI									
					Zip 02842									
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate Referrals												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Jennifer O'Hora Lawrence			Vice-President Name Jennifer O'Hora Lawrence											
Street Address 75 Beagle Drive			Street Address 75 Beagle Drive											
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate 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	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
500	Common	No par												
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 Jennifer O'Hora Lawrence					Date 03/31/2021									
Signature of Authorized Representative <i>[Signature]</i>														

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: 08/2020