



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.

RECEIVED STATE
 R.I. DEPT. OF
 BUS. SVCS. DIV.
 2021 JUN 14 PM 3:29

1. Entity ID Number 145468		2. Exact name of the Corporation JDMJ RESTAURANT GROUP, INC.					
3. Principal Office Address 74 ROCKCREST DRIVE				City CRANSTON		State RI	Zip 02920
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island OPERATION AND MANAGEMENT OF FOOD SERVICE AND RESTAURANT BUSINESS					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name <i>Joseph</i> TOMASELLI				Vice-President Name DONNA TOMASELLI			
Street Address 74 ROCKCREST DRIVE				Street Address 74 ROCKCREST DRIVE			
City CRANSTON		State RI	Zip 02920	City CRANSTON		State RI	Zip 02920
Secretary Name JOSEPH TOMASELLI				Treasurer Name DONNA TOMASELLI			
Street Address 74 ROCKCREST DRIVE				Street Address 74 ROCKCREST DRIVE			
City CRANSTON		State RI	Zip 02920	City CRANSTON		State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
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 <input type="checkbox"/>				
			NUMBER OF SHARES	CLASS/SERIES		PAR VALUE	
			100	COMMON		NONE	
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 TOMASELLI						Date 6-11-2021	
Signature of Authorized Representative <i>Joseph Tomaselli</i>							

FILED

JUN 14 2021
BY 27503 AA