



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

MAR 08 2023 FOR SECRETARY OF STATE

B. 1639 DS

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

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	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
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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