RI SOS Filing Number: 202330166540 Date: 3/6/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual	Report	for the	year:	202
Ca	-4:			

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Corporation	
→ Filing period:	February 1 - May

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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→ Penalty: Additional \$25.00 fe		• •				- 4	
1. Entity ID Number	2. Exact name of the Corporation				v S		
5740	D.J. Development Corp.						
3. Principal Office Address			City		State	Zip	
339 Market Street			Warren		RI	02885	
4. NAICS Code	Brief descript	ion of the characte	er of business co	onducted in Rhode Isl	and		
53 () ()	Purchase and sale of all types of real estate, equipment and supplies						
5. State of Incorporation	1						
Rhode Island	1						
7. List ALL officers (names and add	resses)		Ten =		ne box to in	dicate an attachment 🔲	
Joseph Francis	President Name Joseph Francis		Vice-President Name Jeffrey Francis				
Street Address 175 Poppasqua			Street Address	Street Address 2 Blackstone Lane			
^{City} Bristol	State RI	^{Zip} 02809	City Warren		State RI	^{Zip} 02885	
Secretary Name Joseph Francis				^e 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 ac	ldresses)		In:	Check ti	ne box to in	ndicate an attachment 🔲	
Director Name Joseph Francis		Director Name					
Street Address 175 Poppasquash Road		Street Address					
City Bristol	State RI	^{Z₁p} 02809	City		State	Zip	
Director Name		Director Name					
Street Address		Street Address					
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of recor Department of State.	d in the	NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE	
·		300		Common		No Par Value	
Changes require an additional filing.							
11. This report must be executed or	n behalf of the co	rporation by an au	uthorized repres	entative. If the corpor	ation is in t	he hands of a receiver or	
trustee, this report must be execute					nonvina sa	hadulas and	
Under penalty of perjury, I declar statements, and that all statemen				icidaing any accomp	oanyiny so	SHADINA2 AUG	
Name of Authorized Representative		Date					
Joseph Francis							
Signature of Authorized Representative							
Joseph Thamis							

MAIL To: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri gov