



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

MAR 06 2023
BY 4974

1. Entity ID Number 5740		2. Exact name of the Corporation D.J. Development Corp.			
3. Principal Office Address 339 Market Street			City Warren	State RI	Zip 02885
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Purchase and sale of all types of real estate, equipment and supplies			
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 Joseph Francis			Vice-President Name Jeffrey Francis		
Street Address 175 Poppasquash Road			Street Address 2 Blackstone Lane		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Secretary Name Joseph Francis			Treasurer Name 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 addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Joseph Francis			Director Name		
Street Address 175 Poppasquash Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		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 Joseph Francis					Date
Signature of Authorized Representative 					

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