



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
DEPT. OF STATE

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 JOSEPH 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	City	State
Director Name	Director Name		
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	
		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 3-6-23
Signature of Authorized Representative <i>Joseph Tomaselli</i>			

MAR 07 2023
P. J. SGMFP
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