



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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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. Changes require an additional filing.		NUMBER OF SHARES	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>				Date 3-6-23	

FILED
 MAR 07 2023
 BY SGMFP
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