



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 22 2024

BY

Handwritten signature

1. Entity ID Number 54120		2. Exact name of the Corporation DJD REALTY, INC.			
3. Principal Office Address 559 PUTNAM PIKE		City GREENVILLE		State RI	Zip 02828
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island PURCHASE, LEASING, DEVELOPING OF REAL ESTATE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DONALD J DARNBROUGH			Vice-President Name DOUGLAS J DARNBROUGH		
Street Address PO BOX 502			Street Address 31 ASHLYNN WAY		
City GREENVILLE	State RI	Zip 02828	City REHOBOTH	State MA	Zip 02769
Secretary Name JENNIFER L DARNBROUGH			Treasurer Name JILL M SALINARO		
Street Address 27 PEACH HILL AVE			Street Address 70 BUXTON ST		
City N PROVIDENCE	State RI	Zip 02911	City N SMITHFIELD	State RI	Zip 02896
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
Changes require an additional filing.		600		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 DONALD J DARNBROUGH				Date 2-19-24	
Signature of Authorized Representative <i>Donald Darnbrough</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023