



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.

FILEDAMP

MAR 13 2024
BY 20944 DS

1. Entity ID Number 120481		2. Exact name of the Corporation D.W.E.J.V., Inc.			
3. Principal Office Address 500-502 Broadway			City Providence	State RI	Zip 02909
4. NAICS Code <u>72310</u>		6. Brief description of the character of business conducted in Rhode Island To provide all customers and clients with the highest quality foods, services and satisfaction possible.			
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 Derek J. Wagner			Vice-President Name Derek J. Wagner		
Street Address 500-502 Broadway			Street Address same		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Derek J. Wagner			Treasurer Name Derek J. Wagner		
Street Address same as above			Street Address same		
City	State	Zip	City	State	Zip
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
		85		common	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 Derek J. Wagner					Date 3/6/24
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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