



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.

STAMP

REC'D RIDG 85D
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1. Entity ID Number 000550908		2. Exact name of the Corporation D&J APPLIANCE INC.			
3. Principal Office Address 263 ACADEMY AVENUE		City PROVIDENCE		State RI	Zip 02908
4. NAICS Code 443141		6. Brief description of the character of business conducted in Rhode Island REPAIR, MAINTENANCE AND SALES OF USED APPLIANCES TO THE GENERAL PUBLIC.			
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 DANIEL SANTOS		Vice-President Name DANIEL SANTOS			
Street Address 263 ACADEMY AVENUE		Street Address 263 ACADEMY AVENUE			
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name DANIEL SANTOS		Treasurer Name DANIEL SANTOS			
Street Address 263 ACADEMY AVENUE		Street Address 263 ACADEMY AVENUE			
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/STRIKES	PAR VALUE
		8,000		COMMON	NO 0.01
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 DANIEL SANTOS, PRESIDENT				Date 2-23-24	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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