



State of Rhode Island  
Department of State - Business Services Division

FIELD 1

JAN 30 2025

BY 27559

Annual Report for the year: 2025  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 63145		2. Exact name of the Corporation DJR'S Restaurant Inc. DBA ED'S ROAST			
3. Principal Office Address 357 Main Street		City East Greenwich		State RI	Zip 02818
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Full SERVICE Restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John R. Rotondi			Vice-President Name		
Street Address 212 Wendell Road			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Secretary Name Susan L. Rotondi			Treasurer Name John R. Rotondi		
Street Address 200 Mayfield Ave, Apt. A-2			Street Address 212 Wendell Road		
City CRANSTON	State RI	Zip 02920	City WARWICK	State RI	Zip 02888
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
			PAR VALUE		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. <b>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.</b>					
Name of Authorized Representative John R. Rotondi					Date 1-27-2025
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