RI SOS Filing N	lumber: 2025	66229130	Date: 2/2	4/2025 4 <u>:00</u> :00	) PM	- N 1 W2		
State of Rhode Island  Department of State - Business Services Division						FILED		
Annual Report for the year: 2025  Corporation					FEB 24	2025	•	
→ Filing period: February 1 - May 1				E	3Y	ふく	;	
→ Filing Fee: \$50,00 → Penalty: Additional \$25.00 fo	loo if form is not fi	iled hv May 31			0	THE		
1. Entity ID Number 54120	2. Exact name of	2. Exact name of the Corporation DJD REALTY, INC.			Kine his some	<b>D</b>	Com Age.	
3. Principal Office Address 559 PUTNAM PIKE			City GREE	NVILLE	State RI		Zip 02828	
4. NAICS Code 531390	· ·			of business conducted in Rhode Island DEVELOPING OF REAL ESTATE				
5. State of Incorporation RI	1							
7. List ALL officers (names and add	Tress Bross	Check the box to indicate an attachment						
President Name DONALD J DA	Vice-President Name DOUGLAS J DARNBROUGH							
Street Address PO BOX 502				Street Address 31 ASHLYNN WAY				
City GREENVILLE	State RI	<sup>Zip</sup> 02828	City REHOBOTH		State N	MA	<sup>Zip</sup> 02769	
Secretary Name JENNIFER L [	Treasurer N	Treasurer Name JILL M SALINARO						
Street Address 27 PEACH HILL AVE			Street Addr	Street Address 70 BUXTON ST				
<sup>City</sup> N PROVIDENCE	State RI	<sup>Zip</sup> 02911	City N S	City N SMITHFIELD			<sup>Zip</sup> 2896	
List ALL directors (names and addresses)     Director Name					he box to indic	ale an atta	chment 🔲	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	State Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized This information is suspently of reco	in the	10. Shares Issu					achment   PAR VALUE	
This information is currently of record in the Department of State.		600			<del></del>	NO PAR VALUE		
Changes require an additional filing.	,							
11. This report must be executed o		•	·		corporation is in	n the hand:	s of a re-	
ceiver or trustee, this report must b <b>Under penalty of perjury, I decla</b> it					ccompanying	schedule:	s and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date								
DONALD J DARNBROUG			2/15/25					
Signature of Authorized Represent	ative Darn Bro	UGH						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov