STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 144320

2. Name of Corporation S & D ROAD SERVICE, INC.

3. Street Address Principal Business Office 26 KENT STREET

City CUMBERLAND *State* RI *Zip* 02864

4. Business Phone No.

5. State of Incorporation RHODE ISLAND

6. SIC Code 8953

7. Brief Description of the Character of Business Conducted in Rhode Island
AUTOMOTIVE REPAIR

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name LUIS F. BORDALO
Street Address 26 KENT STREET
City CUMBERLAND *State* RI *Zip* 02864

Vice President Name MARIA F. BORDALO
Street Address 26 KENT STREET
City CUMBERLAND *State* RI *Zip* 02864

Secretary Name MARIA F. BORDALO
Street Address 26 KENT STREET
City CUMBERLAND *State* RI *Zip* 02864

Treasurer Name LUIS F. BORDALO
Street Address 26 KENT STREET
City CUMBERLAND *State* RI *Zip* 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name LUIS F. BORDALO
Street Address 26 KENT STREET
City CUMBERLAND *State* RI *Zip* 02864

Director Name MARIA F. BORDALO
Street Address 26 KENT STREET
City CUMBERLAND *State* RI *Zip* 02864

Director Name NONE
Street Address
City *State* *Zip*

Director Name NONE
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	COMMON	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	COMMON	NO PAR VALUE

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 4 4 3 2 0

FILED
File Date MAY 04 2005
Check No. 0841
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Luis Bordalo 3-29-05
Signature of Officer *Date*

LUIS F. BORDALO
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01