



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>53907</b>		2. Exact name of the Corporation <b>D &amp; D MODEL CLEANING AND CASTING, INC.</b>			
3. Principal office address <b>2 Leah Street</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
4. Business Phone No. <b>401-274-4011</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>The Business of jewelry cleaning and casting</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Domingos Dias</b>			Vice-President Name <b>Steven Dias</b>		
Street Address <b>14 Julien Ave</b>			Street Address <b>26 Elson Drive</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>Carla Dias</b>			Treasurer Name <b>Domenic Dias</b>		
Street Address <b>26 Elson Drive</b>			Street Address <b>30 Donnelly Street</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
100 Common No Par Value			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par

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.

File Date \_\_\_\_\_

**FILED**

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.

Check No \_\_\_\_\_

FEB 24 2012

By: \_\_\_\_\_

By *mmc*

*Domingos Dias*  
Signature of Authorized Representative

*2-22-12*  
Date

FOR SECRETARY OF STATE USE ONLY

*CR # 9213*

*Domingos Dias*  
Print or Type Name of Authorized Representative