

1 Corporate ID No 5655

3. Street Address Principal Business Office 131 Cowesett Avenue

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

<sub>Zip</sub> 02893

401.222.3040

2. Name of Corporation
D&D CONSTRUCTION CO., INC

State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 203

401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

City West Warwick,

4 Business Phone No. 401-826-2900		5. State of Incorporation Rhode Island			
6. Brief Description of the Character Excavation	of Business Conducted in k	bode Island			
7. NAMES AND ADDRESSES President Name Debra Skurka-McAllister	("X" BOX FOR ATTA	CHMENT)	PACES BEFORE USING AT	TACHMENTS :	
Street Address 131 Cowesett Avenue			Street Address 131 Cowesett Avenue		
City West Warwick,	State RI	<sup>Zip</sup> 02893	City West Warwick,	State RI	02893
Secretary Name Milton Skurka (2ND VICE PRESIDENT)			Treasurer Name Debra Skurka-McAllister		
Street Address 131 Cowesett Avenue			Street Address 131 Cowesett Avenue		17 S I
West Warwick,	State RI	<sup>Ζiφ</sup> <b>02893</b>	City West Warwick,	State RI	162893 m
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) To FILL IN SPACES BEFORE USING ATTACHMENTS    Director Name   Director Name					
Street Address			Street Address		201
City	State	Ζψ	City	State	7.10 
Director Name			Director Name 29		
Street Address			Street Address		
City	State	Zip	City	State	74 - SE
9. SHARES AUTHORIZED	1	•	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) (TV) ISSUED SHARES THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class Series	Par Value
			10	Voting (A)	none
			990	Non-voting (B)	none
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.  APR 0 8 2013  Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying scheduler and statements, and that all statements ontained before are true and correct.					
File Date  Check No.	43Y	cn 19405	Signulare )	LAMA	Date
By:			Debra Skurka-McALlister  Print or Type Name		
FOR SECRETARY OF STA	ATE USE ONLY		President Title		
			1 100C		Form 630 Rev. 08/08