



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 2014

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. 159155 | | 2. Exact name of the Corporation D.D.S. Industries, Inc. | | | |
| 3. Principal office address 89 Merritt Street | | | City Fall River | State MA | Zip 02720 |
| 4. Business Phone No. (508) 678-3698 | | 5. State of Incorporation Massachusetts | | | |
| 6. Brief description of the character of business conducted in Rhode Island Heating, ventilation, air-conditioning, contracting, mechanical contracting and related activities | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Dwight D. Silvia | | | Vice-President Name None | | |
| Street Address 89 Merritt Street | | | Street Address | | |
| City Fall River | State MA | Zip 02720 | City | State | Zip |
| Secretary Name Dwight D. Silvia | | | Treasurer Name Dwight D. Silvia | | |
| Street Address 89 Merritt Street | | | Street Address 89 Merritt Street | | |
| City Fall River | State MA | Zip 02720 | City Fall River | State MA | Zip 02720 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Dwight D. Silvia | | | Director Name | | |
| Street Address 89 Merritt Street | | | Street Address | | |
| City Fall River | State MA | Zip 02720 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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 |
| | | | 100 | Common | No par value |

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 _____
 Check No _____
 By: _____

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.

Signature of Authorized Representative

2/4/14
Date

Dwight D. Silvia, President

Print or Type Name of Authorized Representative

FILED
FEB 18 2014
 BY **MA 5757**