



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. 136718		2. Exact name of the Corporation D & D Metal Works, Inc.			
3. Principal office address 18 Water Street		City North Providence		State RI	Zip 02911
4. Business Phone No. 401-265-4919		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in all activities related to the HVAC business and any other lawful purposes.					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Duane M. Laurie, Jr.			Vice-President Name Sandra M. Laurie		
Street Address 18 Water Street			Street Address 18 Water Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Duane M. Laurie, Jr.			Treasurer Name Sandra M. Laurie		
Street Address 18 Water Street			Street Address 18 Water Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Duane M. Laurie, Jr.			Director Name Josh Driver		
Street Address 18 Water Street			Street Address 77 West Park Drive		
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 02908
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
			2000	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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 27 2014

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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.

Duane M. Laurie
Signature of Authorized Representative

Date

Duane M. Laurie, Jr.

Print or Type Name of Authorized Representative