



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 2016

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. 69065		2. Exact name of the Corporation D & F MOTOR SPORTS SERVICE & REPAIR, Inc.			
3. Principal office address 60 CADILLAC DRIVE		City PROVIDENCE	State RI	Zip 02907-2121	
4. Business Phone No. 401-781-0720		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A SERVICE AN REPAIR SHOP IN RHODE ISLAND					
President Name DUARTE DACOSTA					
Vice-President Name JAMES J. REGAN					
Street Address 531 DWELLY STREET			Street Address 32 RUTH AVENUE		
City FALL RIVER	State MA	Zip 02724	City RUMFORD	State RI	Zip 02916
Secretary Name DUARTE DACOSTA			Treasurer Name DUARTE DACOSTA		
Street Address 531 DWELLY STREET			Street Address 531 DWELLY STREET		
City FALL RIVER	State MA	Zip 02724	City FALL RIVER	State MA	Zip 02724
Director Name DUARTE DACOSTA			Director Name JAMES J. REGAN		
Street Address 531 DWELLY STREET			Street Address 32 RUTH AVENUE		
City FALL RIVER	State MA	Zip 02724	City RUMFORD	State RI	Zip 02916
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			2	COMMON	\$100 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.



FILED

JAN 29 2016

KL 4635

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.

Duarte Dacosta 1-21-16
Signature of Authorized Representative Date

DUARTE DACOSTA

Print or Type Name of Authorized Representative