



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. <b>5797</b>		2. Exact name of the Corporation <b>D &amp; M MOTOR SALES INC.</b>					
3. Principal office address <b>50 Libera Street</b>				City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
4. Business Phone No. <b>943-2051</b>				5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <b>Selling of Used Autos</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>Thomas Notarianni</b>				Vice-President Name <b>Michael J. Notarianni</b>			
Street Address <b>80 Burton Street</b>				Street Address <b>202 Randall Street</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
Secretary Name <b>Thomas Notarianni</b>				Treasurer Name <b>David Notarianni</b>			
Street Address <b>80 Burton Street</b>				Street Address <b>11 Caraway Drive</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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	
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	

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 16 2016**  
 BY **1684**

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]* 2-12-16  
 Signature of Authorized Representative Date

**Thomas Notarianni**

Print or Type Name of Authorized Representative