

Amended



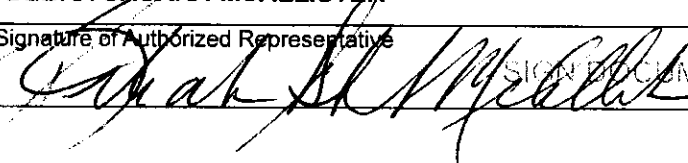
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

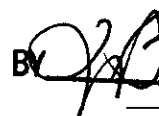
Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 5655		2. Exact name of the Corporation D & D CONTRUCTION CO., INC		
3. Principal Office Address 131 COWESETT AVE		City WEST WARWICK	State RI	Zip 02893
4. Business Phone Number 401-556-7421		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island EXACATION COMPANY				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name DEBRA SKURKA-MCALLISTER		Vice-President Name		
Street Address 52 TIFFANY RD		Street Address		
City COVENTRY	State RI	Zip 02816	City	State
Secretary Name DEBRA SKURKA-MCALLISTER		Treasurer Name DEBRA SKURKA-MCALLISTER		
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		990	B/NON VOTING	NONE
		10	A/ VOTING	NONE
11. 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. 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.				
Name of Authorized Representative DEBRA SKURKA-MCALLISTER			Date 4/26/2016	
Signature of Authorized Representative 				

FILED 9:36

APR 28 2016

BY 



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

