

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 CONSTRUCTION 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	
Secretary Name DEBRA SKURKA-MCALLISTER		Treasurer Name DEBRA SKURKA-MCALLISTER	
Street Address		Street Address	
City	State	Zip	
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	
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 <i>Debra Skurka-McAllister</i>			

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SECRETARY OF STATE
CORPORATIONS DIV
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BY *[Signature]*