RI SOS Filing Number: 201604014620 Date: 08/25/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG 25 PM 12:48

1. Entity ID Number	2. Exact name of the Corporation		
1657288	D3 DEVELOPMENT INC.		
3. Principal Office Address	**City**	**State**	**Zip**
2434 WEST SHORE ROAD	WARWICK	RI	02889
4. Business Phone Number	**5. State of Incorporation**		
(401) 390-2759	RHODE ISLAND		

6. Brief description of the character of business conducted in Rhode Island
PET GROOMING

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DARYL NOONAN III	LLOYD MORSE
Street Address: 2434 WEST SHORE ROAD	Street Address: 2434 WEST SHORE ROAD
City: WARWICK State: RI Zip: 02889	City: WARWICK State: RI Zip: 02889
Secretary Name	**Treasurer Name**
DARLY NOONAN III	LLOYD MORSE
Street Address: 2434 WEST SHORE ROAD	Street Address: 2434 WEST SHORE ROAD
City: WARWICK State: RI Zip: 02889	City: WARWICK State: RI Zip: 02889

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
DARYL NOONAN III	LLOYD MORSE
Street Address: 2434 WEST SHORE ROAD	Street Address: 2434 WEST SHORE ROAD
City: WARWICK State: RI Zip: 02889	City: WARWICK State: RI Zip: 02889

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	COMMON	NO PAR

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	Date
LLOYD MORSE, VICE PRESIDENT	8-25-16

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
AUG 25 2016
By 282135
A.A.

FORM 630 - Revised: 05/2016

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