



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

**Annual Report for the year:** 2017  
**Corporation**

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

1. Entity ID Number <b>123319</b>		2. Exact name of the Corporation <b>D&amp;D CHROME PLATING, INC.</b>			
3. Principal Office Address <b>355 Dexter Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>31-33 - Manufacturing</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF PLATING AND POLISHING ANY AND ALL METALS AND MATERIALS, METAL FINISHING</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>David J. Habershaw</b>		Vice-President Name <b>David J. Habershaw</b>			
Street Address <b>14 Jaycee Drive</b>		Street Address <b>14 Jaycee Drive</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	
Secretary Name <b>David J. Habershaw</b>		Treasurer Name <b>David J. Habershaw</b>			
Street Address <b>14 Jaycee Drive</b>		Street Address <b>14 Jaycee Drive</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>1000</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>DAVID J. HABERSHAW</b>			Date <b>January 13, 2017</b>		
Signature of Authorized Representative  <span style="float: right;">SIGN DOCUMENT HERE</span>					

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

**JAN 17 2017**

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