



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

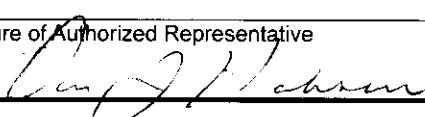
2017

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 123319		2. Exact name of the Corporation D&D CHROME PLATING, INC.					
3. Principal Office Address 355 Dexter Street		City Providence		State RI	Zip 02907		
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PLATING AND POLISHING ANY AND ALL METALS AND MATERIALS, METAL FINISHING					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name David J. Habershaw			Vice-President Name David J. Habershaw				
Street Address 14 Jaycee Drive			Street Address 14 Jaycee Drive				
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893		
Secretary Name David J. Habershaw			Treasurer Name David J. Habershaw				
Street Address 14 Jaycee Drive			Street Address 14 Jaycee Drive				
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893		
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	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized 10. Shares Issued Check the 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
			1000		COMMON	NO PAR VALUE	
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 DAVID J. HABERSHAW					Date January 13, 2017		
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

JAN 17 2017

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FORM 630 - Revised: 10/2016