



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

Annual Report for the year:

2018

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 12339 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 999999	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 ☐			
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	City West Warwick	State RI
Zip 02893		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	City West Warwick	State RI
Zip 02893		Zip 02893	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 1000	CLASS/SERIES COMMON
			PAR VALUE 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 16, 2018	
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

JAN 18 2018

BY 4448 DS

FORM 630 - Revised: 10/2017