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 | 2. Exact name of the Corporation |
|---|---|
| ~~12339~~ 123319 | D&D CHROME PLATING, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 355 Dexter Street | Providence | RI | 02907 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 999999 | 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 | Vice-President Name |
|---|---|
| David J. Habershaw | 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 ☐

| 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 ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 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 | Date |
|---|---|
| DAVID J. HABERSHAW | January 16, 2018 |

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

**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 18 2018
BY 4448 DS

FORM 630 - Revised: 10/2017