



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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 71616		2. Exact name of the Corporation D & M TIRE SALES LTD.			
3. Principal Office Address 729 WEST MAIN ROAD			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 336320		5. Brief description of the character of business conducted in Rhode Island Automotive Repairs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth Notarianni			Vice-President Name Debra J. Notarianni		
Street Address 36 Lambert Street			Street Address 36 Lambert Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Kenneth Notarianni			Treasurer Name Debra J. Notarianni		
Street Address 36 Lambert Street			Street Address 36 Lambert Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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		
			100		
			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. <i>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.</i>					
Name of Authorized Representative Debra J. Notarianni					Date 2-6-18
Signature of Authorized Representative <i>Debra J. Notarianni</i> 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

FEB 09 2018

BY

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FORM 630 - Revised: 10/2017