



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.  
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 16369.1		2. Exact name of the Corporation <b>MDD Enterprises, Inc.</b> <i>CY541107</i>			
3. Principal office address <b>40 Highland Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. Business Phone No. <b>401-431-2100</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Retail sales of electronics and installation.</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Matthew Deluca</b>			Vice-President Name <b>Matthew Deluca</b>		
Street Address <b>50 Red Hawk Drive</b>			Street Address <b>50 Red Hawk Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<i>0</i>		<i>0</i>

*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.*

File Date _____	<b>FILED</b> <i>a</i> <b>FEB 20 2018</b>
Check No _____	
By: _____ <i>247ba</i>	
FOR SECRETARY OF STATE USE ONLY	

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.

*[Signature]* **2/12/18**

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**Matthew Deluca**

Print or Type Name of Authorized Representative \_\_\_\_\_