RI SOS Filing Number: 201859334050 Date: 2/27/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the y	ear: 201	8					
Corporation	March 1						
→ Filing period: January 1 - → Filing Fee: \$50.00	Maich						
→ Penalty: Additional \$25.00	fee if form is n	ot filed by April 1.					
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000041841	DD Inc.						
3 Principal Office Address			City		State	Zip	
154 Hemlock Road			Wakefield		RI	02879	
4. NAICS Code	Brief desc	ription of the charac	cter of business c	onducted in Rhode Is	land		
54 [90)	Bookkeepi	Bookkeeping Service					
5 State of Incorporation							
Rhode Island					la a la companya da company	in attachment 🗇	
7 List ALL officers (names and a President Name	ddresses)		Check the box to indicate an attachment Vice-President Name				
President Name Jan P Dibsick	rnomas A Dewey						
Street Address 154 Hemlock Roa	Street Address 154 Hemlock Road						
City Wakefield	State RI	^{Zip} 02879	City Wakefield		State RI	^{Zip} 02879	
Secretary Name Thomas A Dewey			Treasurer Name Jan P Dibsick				
Street Address 154 Hemlock Roa	Street Address 154 Hemlock Road						
^{City} Wakefield	State RI	^{Zip} 02879	City Wakefie	ld	State RI	^{Zip} 02879	
8 List ALL directors (names and	addresses)		ID anatos Namo		the box to inc	licate an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Ζp	
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Name	<u> </u>	-		
Street Address			Street Address	5			
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Is				dicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.			H SHARES	CILASS/SFRIES Common		No Par	
		200	200				
11. This report must be executed	d on babalf af al-	o corporation by an	authorized repres	sentative. If the corne	ration is in th	e hands of a receiver or	
trustee, this report must be exec	cuted on behalf of	of the corporation by	the receiver or tr	rustee			
Under penalty of perjury, I dea	lare and affirm	that I have exami	ned this report, i	ncluding any accor	npanying sci	hedules and	
statements, and that all stater Name of Authorized Representa	nents containe live	<u>a nerem are true a</u>	no conecc		Date	 	
Jan P Dibsick			2/20/18				
Signature of Authorized Repress	entative -		FI	LE			
()a 6 (Delve			9-7-2018			
MAIL TO:			PED	27 2010			
Division of Business Services 148 W. River Street, Providence, Rh	ode Island 02904-	2615	BY	11 [(0])			
Phone: (401) 222-3040 Website: www.sos.ri.gov			سمسسسيد المو	1112	FC	RM 630 - Revised: 10/201	