



State of Rhode Island and Providence Plantations

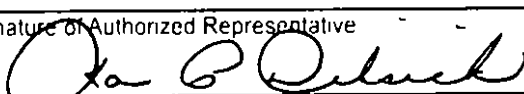
Department of State - Business Services Division

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 000041841		2. Exact name of the Corporation DD Inc.	
3. Principal Office Address 154 Hemlock Road		City Wakefield	State RI
		Zip 02879	
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island Bookkeeping Service		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Jan P Dibsick		Vice-President Name Thomas A Dewey	
Street Address 154 Hemlock Road		Street Address 154 Hemlock Road	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Secretary Name Thomas A Dewey		Treasurer Name Jan P Dibsick	
Street Address 154 Hemlock Road		Street Address 154 Hemlock Road	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
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		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		200	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.			
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 Jan P Dibsick			Date 2/20/18
Signature of Authorized Representative 			

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