

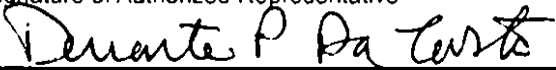


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

STAMP

- 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 69065		2. Exact name of the Corporation D&F Motor Sports Service & Repair, Inc.			
3. Principal Office Address 60 Cadillac Drive			City Providence	State RI	Zip 02907-5454
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To operated a service and repair shop in Rhode Island			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Duarte P. Da Costa			Vice-President Name James J. Regan		
Street Address 521 Dwelly Street			Street Address 32 Ruth Avenue		
City Fall River	State MA	Zip 02724	City Rumford	State RI	Zip 02916
Secretary Name Duarte P. DaCosta			Treasurer Name Duarte P. DaCosta		
Street Address 521 Dwelly Street			Street Address 521 Dwelly Street		
City Fall River	State MA	Zip 02724	City Fall River	State MA	Zip 02724
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Duarte P. DaCosta			Director Name James J. Regan		
Street Address 521 Dwelly Street			Street Address 32 Ruth Avenue		
City Fall River	State MA	Zip 02724	City Rumford	State RI	Zip 02916
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			2	Common	\$100 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 Duarte P. DaCosta				Date 1-29-19	
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

FEB 01 2019
BY 6471 OS
FORM 630 - Revised: 10/2017