RI SOS Filing Number: 202033366210 Date: 1/29/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
JAN 29 2020
BY 1592 DS

1. Entity ID Number	2. Exact name of the Corporation			
000117113	J & D AUTO SALVAGE, INC.			
3. Principal Office Address		City	State	Zip
4 Bridal Avenue		West Warwick	RI	02893
4. NAICS Code 423930	6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation	Auto salvage and auto sales			
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Deborah Cavanaugh			Vice-President Name: Michael Cavanaugh		
Street Address: 4 Bridal Avenue			Street Address: 4 Bridal Avenue		
City: West Warwick	State: RI	Zip: 02892	City: West Warwick	State: RI	Zip: 02893
Secretary Name: Deborah Cavanaugh			Treasurer Name: Michael Cavanaugh		
Street Address: 4 Bridal Avenue			Street Address: 4 Bridal Avenue		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

Director Name: Deborah Cavanaugh			Director Name		
Street Address: 4 Bridal Avenue			Street Address		
City: West Warwick	State: RI	Zip: 02893	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	none		0

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	Date
Deborah Cavanaugh	1/27/2020

Signature of Authorized Representative: Deborah Cavanaugh — 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

FORM 630 - Revised: 10/2017