



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

Annual Report for the year: 2020
Corporation

FILED

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

JAN 29 2020
 BY 1592 DS

1. Entity ID Number 000117113		2. Exact name of the Corporation J & D AUTO SALVAGE, INC.	
3. Principal Office Address 4 Bridal Avenue		City West Warwick	State RI
		Zip 02893	
4. NAICS Code 423930	6. Brief description of the character of business conducted in Rhode Island Auto salvage and auto sales		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 <input checked="" type="checkbox"/>			
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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		none	D
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. <i>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.</i>			
Name of Authorized Representative Deborah Cavanaugh			Date 1/27/2020
Signature of Authorized Representative 			SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
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 Website: www.sos.ri.gov