



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 30 2020
 2197

1. Entity ID Number 000087249		2. Exact name of the Corporation D & D TIRE SERVICE, INC.			
3. Principal Office Address 1117 Central Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 811110		6. Brief description of the character of business conducted in Rhode Island Tire sales and service, brake service, oil and filter change, and use automobile sales.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARLOS MOREIRA			Vice-President Name CARLOS MOREIRA		
Street Address 278 Norfolk Avenue			Street Address 278 Norfolk Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name CARLOS MOREIRA			Treasurer Name CARLOS MOREIRA		
Street Address 278 Norfolk Avenue			Street Address 278 Norfolk Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CARLOS MOREIRA			Director Name		
Street Address 278 Norfolk Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	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
			100	COMMON	NO 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 CARLOS MOREIRA				Date 1-28-20	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.n.gov