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

FILED
FEB 24 2020
BY 212016

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.

1 Entity ID Number	2 Exact name of the Corporation
71616	D & M TIRE SALES LTD.

3. Principal Office Address	City	State	Zip
729 WEST MAIN ROAD	MIDDLETOWN	RI	02842

4 NAICS Code	6 Bnef description of the character of business conducted in Rhode Island
811320	AUTOMOTIVE REPAIRS
5. State of Incorporation: RI	

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

President Name	Vice-President Name
Kenneth Notarianni	Debra J. Notarianni
Street Address: 35 Lambert Street	Street Address: 36 Lambert Street
City: Narragansett, State: RI, Zip: 02882	City: Narragansett, State: RI, Zip: 02882
Secretary Name	**Treasurer Name**
Kenneth Notarianni	Debra J. Notarianni
Street Address: 36 Lambert Street	Street Address: 36 Lambert Street
City: Narragansett, State: RI, Zip: 02882	City: Narragansett, State: RI, Zip: 02882

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

Director Name	Director Name
Street Address	Street Address
City, State, Zip	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.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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	Date
Debra J. Notarianni	2-17-2020

Signature of Authorized Representative: Debra J. Notarianni

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