



RI SOS Filing Number: 202185211080 Date: 1/7/2021 4:29:00 PM  
State of Rhode Island

**Department of State - Business Services Division**

**Annual Report for the year:**

**Corporation**

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV.

2020 DEC 30 PM 12:20

1. Entity ID Number 000148186		2. Exact name of the Corporation D & M Enterprises, Ltd.			
3. Principal Office Address 4 Rivet Drive			City Lincoln	State RI	Zip 02865
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To own, manage, rent, lease, sell and maintain real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name David A. Rivet			Vice-President Name David A. Rivet		
Street Address 4 Rivet Drive			Street Address 4 Rivet Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Marianne E. Rivet			Treasurer Name David A. Rivet		
Street Address 4 Rivet Drive			Street Address 4 Rivet Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			400	Common	None
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 David A. Rivet				Date 12/23/20	
Signature of Authorized Representative 					

**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

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FORM 630 - Revised: 08/2020