



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Corporation

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

JAN 22 2021
 BY 12230

1. Entity ID Number 53907		2. Exact name of the Corporation D & D MODEL CLEANING & CASTING INC.			
3. Principal Office Address 2 Leah Street			City Johnston	State RI	Zip 09219
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island The business of jewelry casting, cleaning and mold making			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Dias			Vice-President Name Domenic Dias		
Street Address 26 Elson Drive			Street Address 30 Donnelly Street		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 09214
Secretary Name Carla Dias			Treasurer Name Steven Dias		
Street Address 26 Elson Drive			Street Address 26 Elson Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				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 Steven Dias				Date 01/18/2021	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov