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State of Rhode Island

Department of State - Business Services Division

FILED
FEB 26 2021 A.M P
BY 2443

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.

1. Entity ID Number	2. Exact name of the Corporation
000087249	D & D TIRE SERVICE, INC.

3. Principal Office Address	City	State	Zip
1117 CENTRAL AVENUE	PAWTUCKET	RI	02861

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811110	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 ☐

President Name	Vice-President Name
CARLOS MOREIRA	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	**Treasurer Name**
CARLOS MOREIRA	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 ☐

Director Name	Director Name
CARLOS MOREIRA	
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

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
CARLOS MOREIRA	2/24/21

Signature of Authorized Representative

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: 08/2020