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State of Rhode Island
Department of State - Business Services Division

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.

MAR 12 2021
BY 12526

1. Entity ID Number	2. Exact name of the Corporation			
000572798	DWD ENGINEERING, INC.			
3. Principal Office Address		City	State	Zip
5 MICHAEL ROAD		E. BRIDGEWATER	MA	02333-2154
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541330				
5. State of Incorporation				
MA	ENGINEERING			

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

President Name			Vice-President Name		
DOMENIC W. DE ANGELO					
Street Address			Street Address		
5 MICHAEL ROAD					
City	State	Zip	City	State	Zip
EAST BRIDGEWATE	MA	02333-2154			
Secretary Name			Treasurer Name		
DOMENIC DE ANGELO			LISA DE ANGELO		
Street Address			Street Address		
5 MICHAEL RAOD			5 MICHAEL ROAD		
City	State	Zip	City	State	Zip
EAST BRIDGEWATE	MA	02333-2154	EAST BRIDGEWATE	MA	02333-2154

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

Director Name			Director Name		
LISA DE ANGELO			DOMENIC DE ANGELO		
Street Address			Street Address		
5 MICHAEL ROAD			5 MICHAEL ROAD		
City	State	Zip	City	State	Zip
EAST BRIDGEWATE	MA	02333-2154	EAST BRIDGEWATE	MA	02333-2154
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
200	COMMON	0

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
✓ Domenic W. De Angelo	3.9.21
Signature of Authorized Representative: DOMENIC W. DE ANGELO	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020