



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.

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 DEPT OF STATE
 R.I. BUS SVCS DIV
 2021 JUN 10 AM 9:48

1. Entity ID Number 000136718	2. Exact name of the Corporation D & D Metal Works, Inc.
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3. Principal Office Address 30 Starline Way	City Cranston	State RI	Zip 02921
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4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island To engage in all activities related to the HVAC business and any other lawful activity.
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Duane M. Laurie, Jr.			Vice-President Name Sandra M. Laurie		
Street Address 30 Starline Way			Street Address 30 Starline Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Duane M. Laurie, Jr.			Treasurer Name Sandra M. Laurie		
Street Address 30 Starline Way			Street Address 30 Starline Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 03921

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Duane M. Laurie			Director Name Josh Driver		
Street Address 30 Starline Way			Street Address 77 West Park Drive		
City Cranston	State RI	Zip 02921	City Providence	State RI	Zip 02908
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	PAR VALUE
	2,000	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 <i>Duane M. Laurie</i>	Date <i>6/9/2021</i>
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Signature of Authorized Representative <i>Sandra M Laurie</i>	FILED JUN 10 2021 9:48 KLL QYBZC
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