

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2020
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.0	00 fee if form is no	ot filed by April 1.				9.45			
Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
000136718	D & D Meta	D & D Metal Works, Inc.							
3. Principal Office Address		City			State	Zip			
30 Starline Way			Cranston	Cranston		02921			
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island							
811111	To engage in	To engage in all activities related to the HVAC business and any other lawful activity.							
5. State of Incorporation	╗								
Rhode Island	İ								
7. List ALL officers (names and	addresses)	· · · · · · · · · · · · · · · · · · ·	· · ·		the box to in	dicate an attachment 🔲			
esident Name Duane M. Laurie, Jr.			Vice-President Name Sandra M. Laurie						
Street Address 30 Starline Way			Street Address 30 Starline Way						
City Cranston	State R1	Zip ()2921	City Cranston		State RI	^{Z_{IP}} 02921			
Secretary Name Duanc M. Lauric, Jr.		Treasurer Name Sandra M. Laurie							
treet Address 30 Starline Way		Street Address 30 Starline Way							
City Cranston	State RI	^{Zip} 02921	City Cransto	n	State RI	Zip 03921			
List ALL directors (names an Director Name	d addresses)	_	Director Name		the box to in	dicate an attachment			
Duane M. Laurie	:			Josh Driver					
Street Address 30 Starline Way		Street Address 77 West Park Drive							
City Cranston	State R1	Zip 02921	City Provider	nce	State RI	02908			
Director Name			Director Name	9					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized 10. Shares Iss		ued Check the box to indicate an attachment ☐ F SHARES CLASS/SER:ES PAR VALUE							
This information is currently of record in the Department of State. Changes require an additional filing.		2,000	F 311/4/E3	Common		No Par Value			
		2,000		110		- HOTAL VALUE			
11. This report must be execute		•			oration is in t	he hands of a receiver or			
trustee, this report must be exe Under penalty of perjury, I de	cuted on behalf of clare and affirm	the corporation by that I have examin	the receiver or to red this report, i	rustee. Including any accor	npanying so	hedules and			
statements, and that all state	ments contained					 			
Name of Authorized Representative TVANE M LAVRIE					Date : /202/				
Signature of Authorized Repres	sentative /		·	_	· ,	-			
Sandra M	1. Zun	18,	FILI	ED					
MAIL TO:	•		****	0.0004	_				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 10 2021 G.47

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FORM 630 - Revised: 08/2020