



State of Rhode Island
Department of State - Business Services Division

FILED

JUL 20 2021

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Annual Report for the year: **2021**
 Corporation

fy. 1445

- 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 558201		2. Exact name of the Corporation DDH, INC			
3. Principal Office Address 117 METRO CENTER BOULEVARD, SUITE 3000			City WARWICK	State RI	Zip 02886
4. NAICS Code 551112		6. Brief description of the character of business conducted in Rhode Island INVESTMENT HOLDING COMPANY			
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 GWEN B. BAUER			Vice-President Name NONE		
Street Address 5701 HARBOR RIDGE ROAD			Street Address		
City MIDLOTHIAN	State VA	Zip 23112	City	State	Zip
Secretary Name NONE			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID M. SIWICKI			Director Name STEVEN J. ZAROOGIAN		
Street Address 40 COLUMBIA STREET			Street Address 211 SAUGA AVENUE		
City JAMESTOWN	State RI	Zip 02835	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name NONE			Director Name NONE		
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	
		100,000		COMMON	
				PAR VALUE	
				0.01	
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 J. ZAROOGIAN, TREASURER				Date 7/15/2021	
Signature of Authorized Representative <i>Steven J. Zarogian</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov