



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 02 2023
 BY 2168
DS

1. Entity ID Number 5797		2. Exact name of the Corporation D & M MOTOR SALES, INC.			
3. Principal Office Address 50 LIBERA STREET			City CRANSTON	State RI	Zip 02920
4. NAICS Code 44120		6. Brief description of the character of business conducted in Rhode Island SELLING OF USED VEHICLES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS NOTARIANNI			Vice-President Name MICHAEL J. NOTARIANNI		
Street Address 80 Burton Street			Street Address 202 Randall Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name THOMAS NOTARIANNI			Treasurer Name DAVID NOTARIANNI		
Street Address 80 Burton Street			Street Address 11 Caraway Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
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 THOMAS NOTARIANNI					Date 2-22-23
Signature of Authorized Representative <i>Thomas Notarianni</i>					

MAIL TO:

Division of Business Services
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