



**State of Rhode Island
Department of State - Business Services Division**


Annual Report for the year: **2022**

Corporation _____

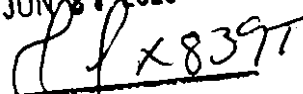
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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUN 27 P 1:28

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

1. Entity ID Number 001680134		2. Exact name of the Corporation D & D Transportation Inc	
3. Principal Office Address 130 Lonsdale Farm Road		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 488510	6. Brief description of the character of business conducted in Rhode Island Trucking and Transportation		
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 Donald Soares		Vice-President Name Deborah A. Soares	
Street Address 130 Lonsdale Farm Road		Street Address 130 Lonsdale Farm Road	
City Cumberland	State RI	Zip 02864	City Cumberland
			State RI
			Zip 02864
Secretary Name Deborah A. Soares		Treasurer Name Deborah A. Soares	
Street Address 130 Lonsdale Farm Road		Street Address 130 Lonsdale Farm Road	
City Cumberland	State RI	Zip 02864	City Cumberland
			State RI
			Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Donald Soares		Director Name Deborah A. Soares	
Street Address 130 Lonsdale Farm Road		Street Address 130 Lonsdale Farm Road	
City Cumberland	State RI	Zip 02864	City Cumberland
			State RI
			Zip 02864
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	
		200	Common
			0.00 NPV
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 Donald Soares			Date 05/17/2023
Signature of Authorized Representative 		FILED	

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

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