RI SOS Filing Number: 202446052410 Date: 2/5/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division							
Annual Report for the year: 2024 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penglin, Additional \$25.00 for if form in not filed by May 21				FEB 0.5 2024			
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation							
0000117113 J & D AUTO SALVAGE, INC.							
Principal Office Address Bridal Avenue	•			Varwick	State R1	Zip 02893	
4. NAIOS Code auto sales and salvage 5. State of Incorporation RI							
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment			
Michael Cavanaugh				Vice-President Name Michael Cavanaugh, Jr.			
Street Address 4 Bridal Avenue			Street Add	Street Address 4 Bridal Avenue			
^{City} West Warwick	State RI	^{Zıp} 02893	City Wes	st Warwick	State RI	^{Zip} 02893	
Secretary Name Michael Cavanaugh				Treasurer Name Michael Cavanaugh			
Street Address 4 Bridal Avenue				Street Address 4 Bridal Avenue			
^{City} West Warwick	State RI	^{Zip} 02893	City West Warwick		State RI	^{Zip} 02893	
8. List ALL directors (names and addresses) Director Name Director Name						n attachment 🗆	
Michael Cavanaugh				Strong Address			
Street Address 4 Bridal Avenue				Street Address			
City West Warwick	State RI	^{Zip} 02893	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Z.p	City		State	Zip	
9. Shares Authorized		10. Shares Issue			e box to indicate a		
This information is currently of record in the Department of State. Changes require an additional filing.		none	SHARES	CLASS/SFF	RIES	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 re-							
ceiver 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					Date	0.11	
MICHAEL CAVANAUGH					2-1-0	1024	
Signature of Authorized Representa	live /						

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov