State of Rhode Island
Department of State - Business Services Division

FILED
FEB 05 2024

Annual Report for the year: 2024
Corporation

→ 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	2. Exact name of the Corporation		
0000117113	J & D AUTO SALVAGE, INC.		
3. Principal Office Address	City	State	Zip
4 Bridal Avenue	West Warwick	RI	02893
4. NAICS Code 423130	6. Brief description of the character of business conducted in Rhode Island: auto sales and salvage		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael Cavanaugh			Vice-President Name: Michael Cavanaugh, Jr.		
Street Address: 4 Bridal Avenue			Street Address: 4 Bridal Avenue		
City: West Warwick	State: RI	Zip: 02893	City: West 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) — Check the box to indicate an attachment ☐

Director Name: Michael Cavanaugh			Director Name		
Street Address: 4 Bridal Avenue			Street Address		
City: West Warwick	State: RI	Zip: 02893	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	none		

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	Date
MICHAEL CAVANAUGH	2-1-2024
Signature of Authorized Representative	

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

FORM 630- Revised: 12/2023