



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
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 FEB 20 2024
 BY *[Signature]*
 SECRETARY OF STATE

1. Entity ID Number 000069065		2. Exact name of the Corporation D & F Motor Sports Service & Repair Inc.			
3. Principal Office Address 60 Cadillac Drive			City Providence	State RI	Zip 02907
4. NAICS Code 81111		6. Brief description of the character of business conducted in Rhode Island Auto Shop Repair			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Duarte P. DaCosta			Vice-President Name Duarte P. DaCosta		
Street Address 521 Dwelly Street			Street Address 521 Dwelly Street		
City Fall River	State MA	Zip 02724	City Fall River	State MA	Zip 02724
Secretary Name Duarte P. DaCosta			Treasurer Name Duarte P. DaCosta		
Street Address 521 Dwelly Street			Street Address 521 Dwelly Street		
City Fall River	State MA	Zip 02724	City Fall River	State MA	Zip 02724
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Duarte P. DaCosta			Director Name		
Street Address 521 Dwelly Street			Street Address		
City Fall River	State MA	Zip 02724	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 VALU
		2	Common	100	
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 Duarte P. DaCosta				Date 2-15-24	
Signature of Authorized Representative <i>Duarte P. DaCosta</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