



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 06 2024

BY

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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 71616		2. Exact name of the Corporation D & M TIRE SALES LTD.			
3. Principal Office Address 729 WEST MAIN ROAD			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 53320		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIRS & TIRES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KENNETH NOTARIANNI			Vice-President Name DEBRA J. NOTARIANNI		
Street Address 36 LAMBERT ST.			Street Address 36 LAMBERT ST.		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Secretary Name KENNETH NOTARIANNI			Treasurer Name DEBRA J. NOTARIANNI		
Street Address 36 LAMBERT ST.			Street Address 36 LAMBERT ST.		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR
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 DEBRA J. NOTARIANNI				Date 3-1-24	
Signature of Authorized Representative Debra J. Notarianni					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov