RI SOS Filing Number: 202564303580 Date: 2/4/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2025					S	STAMP	
Corporation							
→ Filing period: Februar → Filing Fee: \$50.00	y 1 - May 1						
Penalty: Additional \$25	5.00 fee if form is no	ot filed by May 31.					
Entity ID Number		e of the Corporation	i -				
0000117113 <u> </u>	J & D A	J & D Auto Salvage, Inc.					
3. Principal Office Address		•	City		State	Zip	
4 Bridal Avenue		West Warwick		RI	02893		
I. NAICS Code 6. Brief description of the characte			er of business co	nducted in Rho	de Island		
82-Other Services	Auto sale	Auto sale and salvage					
5. State of Incorporation		3					
RI							
7. List ALL officers (names ar	nd addresses)			Check th	ne box to indicate a	n attachment	
President Name Michael Cavanaugh			Vice-President Name Michael Cavanaugh, Jr.				
	avanauyn	~ ~~					
Street Address 4 Bridal Av	enue		Street Address	4 Bridal Ave	enue		
City West Warwick	State RI	^{Zip} 02893	City West W		State RI	Zip 02893	
Secretary Name Michael C	avanaugh	·-·	Treasurer Name	Michael Ca	avanaugh		
Street Address 4 Bridal Av	Street Address 4 Bridal Avenue						
City West Warwick	State R1	^{Z;ρ} 02893	City West Warwick		State RI	Zip 02893	
8 List ALL directors (names	and addresses)			Check t	he box to indicate	an attachment 🔲	
Director Name Michael Ca	ivanaugh		D-rector Name				
Street Address 4 Bridal Av	Street Address						
^{City} West Warwick,	State Ri	^{Zıp} 02893	City		State	Zıp	
Director Name	-	·	Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	l ued	Check	the box to indicate	an attachment	
This information is currently of record in the			NUMBER OF SHARES		SERIES PAR VALUE		
Department of State.		none	none			\mathcal{O}	
Changes require an additional filing.							
11. This report must be exec	uted on behalf of the	corporation by an a	uthorized represe	entative. If the o	corporation is in the	e hands of a re-	
ceiver or trustee, this report Under penalty of perjury, I	must be executed on	behalf of the corpo	ration by the rece	iver or trustee.			
statements, and that all sta	atements contained						
Name of Authorized Represe	entative				Date /- 74	2025	
Michael Cavanaugh			רכם מ	4 2025	1-30	1-0000	

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