



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025

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 0000117113		2. Exact name of the Corporation J & D Auto Salvage, Inc.			
3. Principal Office Address 4 Bridal Avenue		City West Warwick		State RI	Zip 02893
4. NAICS Code 82-Other Services		6. Brief description of the character of business conducted in Rhode Island Auto sale 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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			none		PAR VALUE
					0
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. FILED					
Name of Authorized Representative Michael Cavanaugh					Date 1-30-2025
Signature of Authorized Representative 					 FEB 04 2025 4689

MAIL TO:
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Website: www.sos.ri.gov