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	2. Exact name of the Corporation		
000719749	J & D AUTO SALES, INC.		
3. Principal Office Address	City	State	Zip
4 Bridal Avenue	West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
82-Other Services	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		
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	none		0.01
Changes require an additional filing.			

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	Date
Michael Cavanaugh	1-30-2025
Signature of Authorized Representative	FEB 04 2025 BY 4687

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