



State of Rhode Island

Department of State - Business Services Division

FIELD

Annual Report for the year: 2025

Corporation

FEB 18 2025

BY 10292

→ 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 159155		2. Exact name of the Corporation D.D.S. Industries, Inc.			
3. Principal Office Address 89 Merritt Street			City Fall River	State MA	Zip 02720
4. NAICS Code 212321	6. Brief description of the character of business conducted in Rhode Island Heating, ventilation, air-conditioning, contracting, mechanical contracting and related activities				
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dwight D. Silva			Vice-President Name None		
Street Address 89 Merritt Street			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
Secretary Name Dwight D. Silva			Treasurer Name		
Street Address 89 Merritt Street			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dwight D. Silva			Director Name		
Street Address 89 Merritt Street			Street Address		
City Fall River	State MA	Zip 02720	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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value
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 Dwight D. Silva, President				Date 01/15/25	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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