



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 04 2025

BY 23650

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 336320	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 STREET		Street Address 36 LAMBERT STREET	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
Secretary Name KENNETH NOTARIANNI		Treasurer Name DEBRA J. NOTARIANNI	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	COMMON
			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. <i>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.</i>			
Name of Authorized Representative DEBRA J. NOTARIANNI		Date 2-25-2025	
Signature of Authorized Representative Debra J. Notarianni			

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