



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 05 2025  
BY 2279 *tr*

1. Entity ID Number <b>5797</b>		2. Exact name of the Corporation <b>D &amp; M MOTOR SALES INC.</b>			
3. Principal Office Address <b>50 LIBERA STREET</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>441120</b>		6. Brief description of the character of business conducted in Rhode Island <b>SELLING OF USED VEHICLES</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>THOMAS NOTARIANNI</b>			Vice-President Name <b>MICHAEL J. NOTARIANNI</b>		
Street Address <b>80 Burton St.</b>			Street Address <b>202 Randall St.</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>THOMAS NOTARIANNI</b>			Treasurer Name <b>DAVID NOTARIANNI</b>		
Street Address <b>80 Burton St.</b>			Street Address <b>11 Caraway Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>THOMAS NOTARIANNI</b>				Date <b>2-26-2025</b>	
Signature of Authorized Representative <i>Thomas Notarianni</i>					

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)