



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

FILED
MAR 05 2025
BY 2279

- 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 5797		2. Exact name of the Corporation D & M MOTOR SALES INC.			
3. Principal Office Address 50 LIBERA STREET		City CRANSTON		State RI	Zip 02920
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island SELLING OF USED VEHICLES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name THOMAS NOTARIANNI			Vice-President Name MICHAEL J. NOTARIANNI		
Street Address 80 Burton St.			Street Address 202 Randall St.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name THOMAS NOTARIANNI			Treasurer Name DAVID NOTARIANNI		
Street Address 80 Burton St.			Street Address 11 Caraway Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					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.					
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 THOMAS NOTARIANNI					Date 2-26-2025
Signature of Authorized Representative <i>Thomas Notarianni</i>					

MAIL TO:
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