



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 26 2025

BY 6280

1. Entity ID Number 109681		2. Exact name of the Corporation D&D IRRIGATION CO., INC.	
3. Principal Office Address 111 HOPKINS HILL ROAD, BUILDING 3		City WEST GREENWICH	State RI
		Zip 02817	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island THE INSTALLATION OF RESIDENTIAL AND COMMERCIAL UNDER AND ABOVE-GROUND IRRIGATION SYSTEMS AND RELATED EQUIP.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name DONALD T. LABRIOLE, JR.		Vice-President Name DONALD T. LABRIOLE, JR.	
Street Address 111 HOPKINS HILL ROAD, BUILDING 3		Street Address 111 HOPKINS HILL ROAD, BUILDING 3	
City WEST GREENWICH	State RI	City WEST GREENWICH	State RI
Zip 02817		Zip 02817	
Secretary Name DONALD T. LABRIOLE, JR.		Treasurer Name DONALD T. LABRIOLE, JR.	
Street Address 111 HOPKINS HILL ROAD, BUILDING 3		Street Address 111 HOPKINS HILL ROAD, BUILDING 3	
City WEST GREENWICH	State RI	City WEST GREENWICH	State RI
Zip 02817		Zip 02817	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name DONALD T. LABRIOLE, JR.		Director Name	
Street Address 111 HOPKINS HILL ROAD, BUILDING 3		Street Address	
City WEST GREENWICH	State RI	City	State
Zip 02817		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 ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	COMMON
			NONE
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 DONALD T. LABRIOLE, JR., PRESIDENT			Date 3/21/25
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov