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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

*** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
123796	DIVISION BRAKES, INC			
3. Street Address Principal Business Office		City	State	Zip
272 BRODWAY		PAWTUCKET	RI	02860
4. Business Phone No.	5. State of Incorporation			
401 725-1313	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
AUTO REPAIR SHOP AND SECOND HAND SHOP FOR THE SALE OF AUTO PARTS

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
CESAR DELCOMPARE			ALFREDO GONSALEZ		
Street Address			Street Address		
99 BLACKSTONE AVENUE			68 WEBSTER STREET		
City	State	Zip	City	State	Zip
PAWTUCKET	RI	02860	PAWTUCKET	RI	02861
Secretary Name			Treasurer Name		
CESAR DELCOMPARE			ALFREDO GONSALEZ		
Street Address			Street Address		
99 BLACKSTONE AVENUE			68 WEBSTER STREET		
City	State	Zip	City	State	Zip
PAWTUCKET	RI	02860	PAWTUCKET	RI	02861

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
CESAR DELCOMPARE			ALFREDO GONSALEZ		
Street Address			Street Address		
99 BLACKSTONE AVENUE			68 WEBSTER		
City	State	Zip	City	State	Zip
PAWTUCKET	RI	02860	PAWTUCKET	RI	02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
7500	NO PAR VALUE	

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
7,500	NO PAR VALUE	

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.

[redacted] [redacted]

FILED
File Date FEB 27 2009
Check No.
By: By

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31472-34-353575

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.

Alfredo Gonzalez 02-25-09
Signature *Date*

Alfredo Gonzalez
Print or Type Name

[redacted] Vice President
Title

Form 630 Rev. 12/06