RI SOS Filing Number: 202190129620 Date: 2/4/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

FILED STAMP
FEB 04 2021
BY

**Annual Report for the year: 2021**

**Corporation**

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| **123796** | **DIVISION BRAKES, INC** |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **272 BROADWAY** | **PAWTUCKET** | **RI** | **02860** |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 811121 | **AUTO REPAIR SHOP AND SECOND HAND SHOP FOR SALES OF AUTO PARTS** |
| 5. State of Incorporation | |
| **RHODE ISLAND** | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **CESAR DELCOMPARE** | **10 HARVEY STREET** | **PAWTUCKET** | **RI** | **02860** |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **SAME** | | | | |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **SAME** | | | | |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **SAME** | | | | |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| **CESAR DELCOMPARE** | **10 HARVEY STREET** | **PAWTUCKET** | **RI** | **02860** |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

9. Shares Authorized

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| **7500** | **NO PAR VALUE** | |
| | | |

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 | Date |
|---|---|
| **CESAR DELCOMPARE** | **01/11/2021** |

Signature of Authorized Representative

X SIGN DOCUMENT HERE

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

**FORM 630 - Revised: 10/2016**