State of Rhode Island
Department of State - Business Services Division

FILED
MAR 01 2021
BY 420163
DS

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		
63849	North Providence Tire and Auto Center, Inc.		
3. Principal Office Address	City	State	Zip
1968 Mineral Spring Avenue	North Providence	RI	02904
4. NAICS Code: 811121	6. Brief description of the character of business conducted in Rhode Island: Repairing automobiles, buying and selling auto parts.		
5. State of Incorporation: Rhode Island			

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

President Name	Vice-President Name
Salvatore A. Laurito	Mark S. Laurito
Street Address: 4 Juniper Drive	Street Address: 484 Blackrock Road
City: Greenville, State: RI, Zip: 02828	City: Coventry, State: RI, Zip: 02816
Secretary Name: Robert M. Laurito	**Treasurer Name:** Salvatore A Laurito
Street Address: 9 Bicentennial Way	Street Address: 4 Juniper Drive
City: North Providence, State: RI, Zip: 02911	City: Greenville, State: RI, Zip: 02828

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

Director Name	Director Name
None	
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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	400	Common	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	Date
Salvatore A. Laurito, President	2-25-21

Signature of Authorized Representative: Salvatore Laurito

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: 08/2020