



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAR -3 AM 11:36
 FOR SECRETARY OF STATE USE ONLY

1 Entity ID Number 113939		2. Exact name of the Corporation DORMAN'S AUTO CENTER, INC.			
3 Principal Office Address 434 PROSPECT STREET		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 811111		6 Brief description of the character of business conducted in Rhode Island AUTO SALES AND SERVICE, AUTO COLLISION REPAIR, TOWING AND STORAGE			
5 State of Incorporation RHODE ISLAND					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTONIO ALBUQUERQUE			Vice-President Name DOREEN M. ALBUQUERQUE		
Street Address 434 PROSPECT AVENUE			Street Address 434 PROSPECT AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name DOREEN M. ALBUQUERQUE			Treasurer Name ANTONIO ALBUQUERQUE		
Street Address 434 PROSPECT AVENUE			Street Address 434 PROSPECT AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTONIO ALBUQUERQUE			Director Name DOREEN M. ALBUQUERQUE		
Street Address 434 PROSPECT AVENUE			Street Address 434 PROSPECT AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10 Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		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 ANTONIO ALBUQUERQUE					Date 2/17/21
Signature of Authorized Representative <i>Antonio Albuquerque</i>					

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

FILED

MAR 03 2021

BY 001399 A.A.