



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**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 STAMP**  
 APR 26 2023  
 BY 4420

1. Entity ID Number <b>63849</b>		2. Exact name of the Corporation <b>NORTH PROVIDENCE TIRE &amp; AUTO CENTER, INC</b>			
3. Principal Office Address <b>1968 MINERAL SPRING AVENUE</b>			City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>811121</b>		6. Brief description of the character of business conducted in Rhode Island <b>MOTOR VEHICLE REPAIRS, BUYING &amp; SELLING AUTO PARTS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SALVATORE LAURITO</b>			Vice-President Name <b>MARK S. LAURITO</b>		
Street Address <b>4 JUNIPER DRIVE</b>			Street Address <b>1968 MINERAL SPRING AVENUE</b>		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>ROBERT LAURITO</b>			Treasurer Name <b>SALVATORE LAURITO</b>		
Street Address <b>9 BICENTENNIAL WAY</b>			Street Address <b>4 JUNIPER DR</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>400</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>
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. <b>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.</b>					
Name of Authorized Representative <b>SALVATORE A. LAURITO</b>				Date <b>APRIL 20, 2023</b>	
Signature of Authorized Representative <i>Salvatore Laurito</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