



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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
MAR 19 2024
BY 6043

1. Entity ID Number 106552		2. Exact name of the Corporation D&K PITCHER'S AUTO SALVAGE, INC.	
3. Principal Office Address 214 BOSTON NECK ROAD		City NO. KINGSTOWN	State RI
		Zip 02852	
4. NAICS Code 811198	6. Brief description of the character of business conducted in Rhode Island To engage in the purchase, repair, sale and towing of passenger and commercial vehicles, parts, accessories and related items.		
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 DEREK R. BROOME		Vice-President Name DEREK R. BROOME	
Street Address 214 BOSTON NECK ROAD		Street Address 214 BOSTON NECK ROAD	
City NO. KINGSTOWN	State RI	City NO. KINGSTOWN	State RI
Zip 02852		Zip 02852	
Secretary Name DEREK R. BROOME		Treasurer Name DEREK R. BROOME	
Street Address 214 BOSTON NECK ROAD		Street Address 214 BOSTON NECK ROAD	
City NO. KINGSTOWN	State RI	City NO. KINGSTOWN	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DEREK R. BROOME		Director Name	
Street Address 214 BOSTON NECK ROAD		Street Address	
City NO. KINGSTOWN	State RI	City	State
Zip 02852		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200	COMMON
			NONE
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 DEREK R. BROOME, PRESIDENT			Date 3-7-24
Signature of Authorized Representative 			

MAIL TO:

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