



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

APR 18 2024

BY 45426

1. Entity ID Number 63849		2. Exact name of the Corporation NORTH PROVIDENCE TIRE & AUTO CENTER, INC			
3. Principal Office Address 1968 MINERAL SPRING AVENUE		City NORTH PROVIDENCE		State RI	Zip 02904
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island MOTOR VEHICLE REPAIRS, BUYING & SELLING AUTO PARTS			
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 SALVATORE LAURITO			Vice-President Name MARK S. LAURITO		
Street Address 4 JUNIPER DRIVE			Street Address 1968 MINERAL SPRING AVENUE		
City GREENVILLE	State RI	Zip 02828	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name ROBERT LAURITO			Treasurer Name SALVATORE LAURITO		
Street Address 9 BICENTENNIAL WAY			Street Address 4 JUNIPER DR		
City NORTH PROVIDENCE	State RI	Zip 02904	City GREENVILLE	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 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		
			PAR VALUE		
			400		
			COMMON		
			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 SALVATORE A. LAURITO					Date 4/12/24
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