



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

MAY 8 2024

BY 115

1. Entity ID Number 123796		2. Exact name of the Corporation DIVISION BRAKES, INC			
3. Principal Office Address 272 BROADWAY			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island AUTO REPAIR SHOP AND SECOND HAND SHOP FOR SALES OF AUTO PARTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name CESAR DELCOMPARE			Vice-President Name SAME		
Street Address 10 HARVEY STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name CESAR DELCOMPARE			Director Name		
Street Address 10 HARVEY STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 7500	CLASS/SERIES NO PAR VALUE	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 CESAR DELCOMPARE				Date 11/30/2023	
Signature of Authorized Representative <i>X Cesar Delcompare</i>					