



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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

JAN 15 2025

BY: *[Signature]*

1. Entity ID Number 000021112		2. Exact name of the Corporation QUICK TIRE SERVICE OF WAKEFIELD, INC.			
3. Principal Office Address 257 MAIN STREET		City WAKEFIELD		State RI	Zip 02879
4. NAICS Code 44/320		6. Brief description of the character of business conducted in Rhode Island TIRE SALES AND AUTO REPAIRS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CYNTHIA ALMONTE			Vice-President Name PAUL ALMONTE		
Street Address 20 RIVER HEIGHTS DRIVE			Street Address 830 SIMONTON STREET		
City WAKEFIELD	State RI	Zip 02879	City KEY WEST	State FL	Zip 33040
Secretary Name			Treasurer Name		
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			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
		200			0
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 JEAN ALMONTE					Date 1/13/2025
Signature of Authorized Representative <i>Jean Almonte, Bookkeeper</i>					

MAIL TO:
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