State of Rhode Island
Department of State - Business Services Division

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25 APR 15 AM 9:33:28

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.

1. Entity ID Number	2. Exact name of the Corporation
87912	KENT COUNTY BRAKE AND ALIGNMENT, INC.

3. Principal Office Address	City	State	Zip
44 Sawyer Drive	Coventry	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811121	AUTOMOTIVE REPAIRS
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Richard J. Pelletier	44 Sawyer Drive	Coventry	RI	02816

Vice-President Name	Street Address	City	State	Zip
Richar J. Pelletier	44 Sawyer Drive	Coventry	RI	02816

Secretary Name	Street Address	City	State	Zip
Richard J. Pelletier	44 Sawyer Drive	Covnetry	RI	02816

Treasurer Name	Street Address	City	State	Zip
Richard J. Pelletier	44 Sawyer Drive	Coventry	RI	02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Richard J. Pelletier	44 Sawyer Drive	Coventry	RI	02816

Director Name	Street Address	City	State	Zip
Richard J. Pelletier	44 Sawyer Drive	Coventry	RI	02816

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		

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	Date
Richard J. Pelletier	FILED 3/17/2025

Signature of Authorized Representative: Richard Pelletier — APR 15 2025

BY

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

FORM 630- Revised. 12.2023