



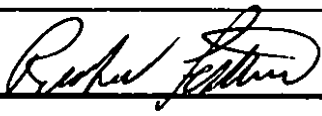
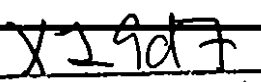
State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
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1. Entity ID Number 87912		2. Exact name of the Corporation KENT COUNTY BRAKE AND ALIGNMENT, INC.			
3. Principal Office Address 44 Sawyer Drive		City Coventry		State RI	Zip 02816
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIRS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard J. Pelletier			Vice-President Name Richar J. Pelletier		
Street Address 44 Sawyer Drive			Street Address 44 Sawyer Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Richard J. Pelletier			Treasurer Name Richard J. Pelletier		
Street Address 44 Sawyer Drive			Street Address 44 Sawyer Drive		
City Covnetry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Richard J. Pelletier			Director Name Richard J. Pelletier		
Street Address 44 Sawyer Drive			Street Address 44 Sawyer Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/STRIKES PAR VALUE		
			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 Richard J. Pelletier			Date 3/17/2025		
Signature of Authorized Representative 			APR 15 2025 		

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

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