



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2020  
**Corporation**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2020 DEC 31 P 1:03

1. Entity ID Number 000083290		2. Exact name of the Corporation KENT'S ALIGNMENT SERVICE, INC.			
3. Principal Office Address 27 HALSEY STREET			City NEWPORT	State RI	Zip 02840
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island MOTOR VEHICLE REPAIR STATION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name EDWARD KENT			Vice-President Name EWARD KENT		
Street Address 34 JULIA COURT			Street Address SAME		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name RITA KENT			Treasurer Name EDWARD KENT		
Street Address 34 JULIA COURT			Street Address SAME		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			0		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. <b>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.</b>					
Name of Authorized Representative EDWARD KENT				Date 12/31/2020	
Signature of Authorized Representative <i>Edward Kent</i>					

FILED

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

DEC 31 2020 1:05  
 BY *JWXZE*  
 FORM 630 - Revised: 08/2020