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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
00013672	USED AUTO PARTS, INC.			
3. Street Address Principal Business Office		City	State	Zip
124 BRYANT STREET		BERKLEY	MA	02779
4. Business Phone No.	5. State of Incorporation			
1-800-242-0290	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				
USED AUTO PARTS				

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
JAMES S. KING JR.	32 GRINNELL STREET	BERKLEY	MA	02779

Vice President Name	Street Address	City	State	Zip
SHARON L. KING	32 GRINNELL STREET	BERKLEY	MA	02779

Secretary Name	Street Address	City	State	Zip
JAMES S. KING JR.	32 GRINNELL STREET	BERKLEY	MA	02779

Treasurer Name	Street Address	City	State	Zip
SHARON L. KING	32 GRINNELL STREET	BERKLEY	MA	02779

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
SHARON L. KING	32 GRINNELL STREET	BERKLEY	MA	02779

Director Name	Street Address	City	State	Zip
JAMES S. KING JR.	32 GRINNELL STREET	BERKLEY	MA	02779

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COMMON	NONE

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.

[redacted]

[redacted]

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.

Signature — *Date* 2-28-09

JAMES KING JR
Print or Type Name

President
Title

[redacted]

File Date 3-5-09

Check No. 63510

By: MMC

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31511-4-355367

Form 630 Rev. 08/08