

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

Filing Period: January 1 - Ma	rch 1 • Filing Fee	: \$50.00* THIS REPO	ORT MUST BE TYPED OR	PRINTED LEGIBLY	IN BLACK INK time prescribed by	
* In accordance with R.I.G.L. 7-1.	.2-1501(e), each corpo	ration faiting or rejusing	to fue us annual report whom			
aw (R.I.G.L. 7-1,2-1501(c&d)) is subject to a penalty fee of \$25.00.  [. Corporate ID No. 2. Name of Corporation						
16870	HIGHWAY AUTO PARTS, INC.					
3. Street Address Principal Business Office			City	State	Zip	
Hopkins Hill Road			West Greenwich	RI	02817	
4. Business Phone No.		5. State of Incorporation				
401-397-3000		RHODE ISLAND				
6. Brief Description of the Character o	f Business Conducted in R	bode Island			*	
SALE OF USED CARS AN	D AUTO PARTS			A DESCRIPTION AND A STATE	CHMENTS	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name			Vice President Name David Carpenter			
Norman E. Carpenter, Jr.						
Street Address			Street Address			
Hopkins Hill Road			Hopkins Hill Road		Zip	
City	State	Zip	City	State	02817	
West Greenwich	<u>ri</u>	] 02817	West Greenwich	RI	J740+7	
Secretary Name			Treasurer Name			
Shelley A. Carpenter			David Carpenter			
Street Address			Street Address			
Hopkins Hill Road			Hopkins Hill Road			
City	State	Zip	City	State	<i>෭಼ು</i>   02817	
West Greenwich	RI	02817	West Greenwich	RI RI		
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name			Director Name			
Norman E. Carpenter, Jr.				·		
Street Address			Street Address			
Hopkins Hill Road				T 0-1-1	Zip	
City	State	Zip	City	State	2.10	
West Greenwich	RI	02817	***********************		.1	
Director Name			Director Name			
			<u> </u>			
Street Address			Street Address			
	T -		1 000	State	Zip	
City	State	Zip	City	Share	~~	
		(VERNERAVE)	10 CHADRE TESTION /"V	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
AUTHORIZED SHARES				Class/Series	Par Value	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series		

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.

no par value



FOR SECRETARY OF STATE USE ONLY

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600 COMM NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this repc including any accompanying schedules and statements, and that all statement contained herein are true and correct.

common

Signature E. Carpeter St. 1-9-12

Norman E. Carpenter, Jr.

Print or Type Name

President

Title

no par value