



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

**ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

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 R.I.G.L. 7-1.2-1501(c&d) is subject to a penalty fee of \$25.00.

Corporate ID No. 16870	2. Name of Corporation HIGHWAY AUTO PARTS, INC.		
Street Address Principal Business Office Hopkins Hill Road		City West Greenwich	State RI
		Zip 02817	
Business Phone No. 401-397-3000	5. State of Incorporation RHODE ISLAND		

Brief Description of the Character of Business Conducted in Rhode Island  
**SALE OF USED CARS AND AUTO PARTS**

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

President Name Norman E. Carpenter, Jr.	Vice President Name David Carpenter
Street Address Hopkins Hill Road	Street Address Hopkins Hill Road
City West Greenwich	City West Greenwich
State RI	State RI
Zip 02817	Zip 02817

Secretary Name Shelley A. Carpenter	Treasurer Name David Carpenter
Street Address Hopkins Hill Road	Street Address Hopkins Hill Road
City West Greenwich	City West Greenwich
State RI	State RI
Zip 02817	Zip 02817

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

Director Name Norman E. Carpenter, Jr.	Director Name
Street Address Hopkins Hill Road	Street Address
City West Greenwich	City
State RI	State
Zip 02817	Zip

9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE	common	no par value	-600-	common	no par value

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.



File Date \_\_\_\_\_ \*16870  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
FEB 06 2013  
20287

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.  
X Norman E. Carpenter, Jr. President  
Signature Date 1-9-13  
Norman E. Carpenter, Jr.  
Print or Type Name  
President  
Title