

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS STATE OF RHODE ISLAND AND PROVIDENCE. Office of the Secretary of State - Division of Business Services

148 W. River Sweet, Providence, Rhode Island 02904-2615

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.		2. Exact name of the Corporation				
13672	USED A	AUTO PARTS, INC.				
Principal office address 124 BRYANT STREET			City BERKLEY	State MA	Zip 02779	
. Business Phone No. 1-800-242-0290			5. State of incorporation RHODE ISLAND AND PROVIDENCE PLANTATION			
6. Brief description of the NONE	e character of business	s conducted in Rhode Island	I			
/ UST ALL OFFICERS	(NAMES AND ADDR	ESSES) (#X" BOX FOR A	IACHMENT)			
President Name JAMES S. KING JR.			Vice-President Name SHARON L. KING			
Street Address 32 GRINNELL ST	REET		Street Address 32 GRINNELL STREET			
City BERKLEY	State MA	Zip 02779	City BERKLEY	State MA	Zip 02779	
Secretary Name JAMES S. KING J	IR.		Treasurer Name SHARON L. KING			
Street Address 32 GRINNELL ST	REET		Street Address 32 GRINNELL S	TREET		
BERKLEY	State MA	Zip 02779	City BERKLEY	State MA	Zip 02779	
LIST <u>ALL</u> DIRECTOR	RS (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		电电影电影电影	
Director Name SHARON L. KING			Director Name JAMES S. KING	JR.		
Street Address 32 GRINNELL STI	REET		Street Address 32 GRINNELL S	TREET		
City BERKLEY	State MA	Zip 02779	City BERKLEY	State MA	Zip 02779	
Director Name			Director Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
. SHARES AUTHORIZI			10, SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is curr f State. Changes requi see Section 9 of instruc	ire an additional filing	e Office of the Secretary g.	1000 COMMON N		NONE	
This report must be exe		corporation by an authorize st be executed on behalf of	•	•	of a receiver or tru	
	ano report ma			rjury, I declare and affire	n that I have exan	

Februe		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.		
	MLED	James of Ker JR	2-27-15	
	(440 6 6 6 6 6 4	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY	MAR 0.3 2014	JAMES S. KING JR.		
CONTROL OF THE CONTRO	\	Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012 BY 60 -25