STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
62108	**Wyoming Auto Parts, Inc.**

3. Principal office address	City	State	Zip
1167 Main Street	**Wyoming**	**RI**	**02898**

4. Business Phone No.	5. State of Incorporation
401-539-5005	**RI**

6. Brief description of the character of business conducted in Rhode Island
Auto Part Sales

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
THOMAS SADDOW	
Street Address: 1167 MAIN ST	Street Address:
City: WYOMING State: R.I. Zip: 02898	City: State: Zip:
Secretary Name	Treasurer Name: THOMAS SADDOW
Street Address	Street Address: 1167 MAIN ST
City: State: Zip:	City: WYOMING State: R.I. Zip: 02898

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: THOMAS SADDOW	Director Name: THOMAS SADDOW JR.
Street Address: 1167 MAIN ST.	Street Address: P.O. BOX 298
City: WYOMING State: R.I. Zip: 02898	City: SUMMERFIELD State: FL Zip: 34492
Director Name	Director Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED 1,000 NO PAR VALUE

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

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.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY CY 3798

FILED
JAN 16 2015

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.

Tom Saddow — 1-14-2014
Signature of Authorized Representative — Date

TOM SADDOW (PRESIDENT)
Print or Type Name of Authorized Representative