



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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Limited Liability Company
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2014

1. ID No. 000798657

2. Exact Name of the Limited Liability Company Auto Parts Group Southwest, LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Auto Parts Recycling

5. Principal Office Address

No. and Street: 1209 ORANGE STREET

City or Town: WILMINGTON State: DE Zip: 19801 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 299 SW CLAY

SUITE 350

City or Town: PORTLAND State: OR Zip: 97201 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	TOM MAUN	299 SW CLAY, SUITE 350 PORTLAND, OR 97201 USA
MANAGER	STEVEN HEISKELL	299 SW CLAY, SUITE 350 PORTLAND, OR 97201 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST

PROVIDENCE , RI 02914

Signed this 31 Day of March, 2015 at 6:10:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TOM MAUN
Signature of Authorized Person

Form No. 632
Revised 09/07

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