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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 2016

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 ST.	WYOMING	R.I.	02898

4. Business Phone No.	5. State of Incorporation
401-539-5005	R.I.

6. Brief description of the character of business conducted in Rhode Island
AUTO PARTS STORE

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

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

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

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

FILED
JAN 06 2015
BY OS 00 2981

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 1-2-2016
Signature of Authorized Representative Date

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

130745-37-1084371