RI SOS Filing Number: 201737164980 Date: 3/1/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
13672	USED AUTO PARTS, INC.

3. Principal Office Address	City	State	Zip
124 BRYANT STREET	BERKLEY	MA	02779

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade	NONE
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	JAMES S. KING JR.		Vice-President Name	SHARON L. KING	
Street Address	32 GRINNELL STREET		Street Address	32 GRINNELL STREET	
City	BERKLEY	State MA Zip 02779	City	BERKLEY	State MA Zip 02779
Secretary Name	JAMES S. KING JR.		Treasurer Name	SHARON L. KING	
Street Address	32 GRINNELL STREET		Street Address	32 GRINNELL STREET	
City	BERKLEY	State MA Zip 02779	City	BERKLEY	State MA Zip 02779

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	SHARON L. KING		Director Name	JAMES S. KING JR.	
Street Address	32 GRINNELL STREET		Street Address	32 GRINNELL STREET	
City	BERKLEY	State MA Zip 02779	City	BERKLEY	State MA Zip 02779
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	COMMON	NONE
Changes require an additional filing.			

11. 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.

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.

Name of Authorized Representative: JAMES S. KING JR.

Date: 2-27-17

Signature of Authorized Representative: James S. King Jr.

FILED
MAR 0 1 2017
BY 108517

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016