

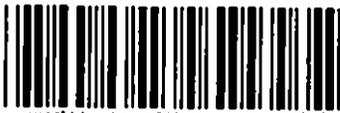


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 62108		2. Name of Corporation WYOMING AUTO PARTS, INC.			
3. Street Address Principal Business Office 1167 MAIN ST. P.O. BOX 448			City WYOMING	State R.I.	Zip 02898
4. Business Phone No. 401-539-5005		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO PARTS STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS SADDOW			Vice President Name		
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
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 334492
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-26-05
Check No.: 15828
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Tom Sadow 1-24-05
Date: 1-24-05
Print or Type Name of Officer: TOM SADDOW
Title of Officer: PRES



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 62108		2. Name of Corporation WYOMING AUTO PARTS, INC.			
3. Street Address Principal Business Office 1167 MAIN ST.			4. State WYOMING	5. State R.I.	6. Zip 02898
4. Business Phone No. 401-539-5005		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO PARTS STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS SADDOW			Vice President Name		
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
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 2 1 0 8 *

File Date 1-23-04
Check No. 15247
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1-6-04
Signature of Officer Date
TOM SADDOW
Print or Type Name of Officer
PRES.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 62108 2. Name of Corporation WYOMING AUTO PARTS, INC.
3. Street Address Principal Business Office 1167 MAIN ST. City WYOMING State R.I. Zip 02898
4. Business Phone No. 401-539-5005 5. State of Incorporation RHODE ISLAND 6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO PARTS STORE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name TOM SADDOW
Street Address 1167 MAIN ST.
City WYOMING State R.I. Zip 02898
Secretary Name

Vice President Name
Street Address
City State Zip
Treasurer Name TOM SADDOW
Street Address 1167 MAIN ST.
City WYOMING State R.I. Zip 02898

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name TOM SADDOW
Street Address 1167 MAIN ST.
City WYOMING State R.I. Zip 02898
Director Name

Director Name TOM SADDOW, JR.
Street Address 9160 S.E. 140TH PLACE
City SUMMERFIELD State FL. Zip 34491
Director Name

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 20 1 11 0 4 8 8 * 67 401

File Date: FILED

Check No.: JAN 29 2003

By: BY GAW 311973

FOR SECRETARY OF STATE USE ONLY

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 Sadow 1-27-03
Signature of Officer Date

Print or Type Name of Officer

Title of Officer





PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62108** 2. Name of Corporation **WYOMING AUTO PARTS, INC.**
3. Street Address Principal Business Office **1167 MAIN ST.** City **WYOMING** State **R.I.** Zip **02898**
4. Business Phone No. **401-539-5005** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 2 1 0 8 *

File Date: **2-19-02**
Check No.: **14188**
By: **[Signature]**

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.

Thomas Sadow
Signature of Officer Date
TOM SADDOW
Print or Type Name of Officer
PRES
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62108** 2. Name of Corporation **WYOMING AUTO PARTS, INC.**

3. Street Address Principal Business Office **1167 MAIN ST. WYOMING, R.I. 02898**
4. Business Phone No. **401-539-5005** 5. State of Incorporation **RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island
AUTO PARTS STORE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **THOMAS SADDOW**
Street Address **1167 MAIN ST.**
City **WYOMING** State **R.I.** Zip **02898**

Vice President Name
Street Address
City State Zip
Treasurer Name **THOMAS SADDOW**
Street Address **1167 MAIN ST.**
City **WYOMING, R.I.** State Zip **02898**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **THOMAS SADDOW**
Street Address **1167 MAIN ST.**
City **WYOMING** State **R.I.** Zip **02898**

Director Name **THOMAS SADDOW, JR.**
Street Address **P.O. BOX 298**
City **SUMMERFIELD** State **FL** Zip **34492**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 2 1 0 8 *

File Date: **3-16-01**
Check No.: **13193**
By: **[Signature]**

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.
Signature of Officer **Thomas Sadow** Date **2-14-01**
Print or Type Name of Officer **THOMAS SADDOW**
Title of Officer **PRES.**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62108** 2. Name of Corporation **WYOMING AUTO PARTS, INC.**
3. Street Address Principal Business Office
1167 MAIN ST
4. Business Phone No. **401-539-5005** 5. State of Incorporation **RHODE ISLAND**

City **WYOMING** State **R.I.** Zip **02898**
6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island
AUTO PARTS STORE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **THOMAS E. SADDOW**
Street Address **1167 MAIN ST. P.O. BOX 448**
City **WYOMING** State **R.I.** Zip **02898**

Vice President Name **SAME**
Street Address
City State Zip

Secretary Name **SAME**
Street Address
City State Zip

Treasurer Name **SAME**
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **NONE**
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 2 1 0 8 *

File Date: **2/18/00**
Check No.: **12258**
By: **TC**

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.

Signature of Officer **Tom Sadow** Date **2-16-00**
Print or Type Name of Officer **TOM SADDOW**
Title of Officer **PRES.**

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 62108		2. Name of Corporation WYOMING AUTO PARTS, INC.			
3. Street Address Principal Business Office 1167 Main Street			City Wyoming	State RI	Zip 02898
4. Business Phone No. 401-539-5005		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO PARTS STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)					
President Name Thomas E Sadow			Vice President Name SAME		
Street Address 1167 MAIN ST. P.O. BOX 448			Street Address		
City WYOMING	State R.I.	Zip 02898	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL			0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 11/26/99
Check No.: 11953
By: JD

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 Sadow 2-17-99
Signature of Officer Date
TOM SADOW
Print or Type Name of Officer
PRES
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62108** 2. Name of Corporation **WYOMING AUTO PARTS, INC.**
3. Street Address Principal Business Office **P.O. BOX 448** City **WYOMING** State **RI** Zip **02898-0448**
4. Business Phone No. **410-364-7245** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island

SALES AND SERVICE OF AUTO PARTS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name THOMAS SADDOW	Vice President Name
Street Address 16013 N. 4th AVENUE	Street Address
City Phoenix State AZ Zip 85023	City _____ State _____ Zip _____
Secretary Name	Treasurer Name THOMAS SADDOW
Street Address	Street Address 16013 N. 4th AVENUE
City _____ State _____ Zip _____	City PHOENIX State AZ Zip 85023

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name THOMAS SADDOW	Director Name THOMAS SADDOW, JR.
Street Address 16013 N. 4th AVENUE	Street Address P.O. Box 298
City PHOENIX State AZ Zip 85023	City SUMMERFIELD State FL Zip 34492
Director Name	Director Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/24/97
Check No.: 1112
By: [Signature]

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.

Signature of Officer: Tom Sadow Date: 3-13-97
Print or Type Name of Officer: **THOMAS SADDOW**
Title of Officer: **PRESIDENT**

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 62108		2. NAME OF CORPORATION WYOMING AUTO PARTS, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE P.O. BOX 448			CITY WYOMING	STATE RI	ZIP CODE 02898-0448
4. BUSINESS PHONE NO. 410-364-7245		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 8953
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND SALES AND SERVICE OF AUTO PARTS					

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME THOMAS SADDOW			VICE PRESIDENT NAME		
STREET ADDRESS 14250 N. OAKWOOD LN.			STREET ADDRESS		
CITY FOUNTAINHILLS	STATE AZ	ZIP CODE 85268	CITY	STATE	ZIP CODE
SECRETARY NAME			TREASURER NAME THOMAS SADDOW		
STREET ADDRESS			STREET ADDRESS 14250 N. OAKWOOD LN.		
CITY	STATE	ZIP CODE	CITY FOUNTAINHILLS	STATE AZ	ZIP CODE 85268

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME THOMAS SADDOW			DIRECTOR NAME TOM SADDOW, Jr		
STREET ADDRESS 14250 N. OAKWOOD LN.			STREET ADDRESS P.O. BOX 298		
CITY FOUNTAINHILLS	STATE AZ	ZIP CODE 85268	CITY SUMMERFIELD	STATE FL	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES <input checked="" type="checkbox"/>		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VAL		1,000	COMMON	NO PAR VAL

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 5/3/96

Check No: 8828

By: For Secretary of State Use Only

Signature of Officer

PRESIDENT Thomas Saddow
Print or Type Name of Officer

PRESIDENT
Title of Officer
4-11-96
Date



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0052108 Annual Report for the year: 1995

Name of Corporation: WYOMING AUTO PARTS, INC.

Business entity organized under the laws of the State of: R. I.
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
WYOMING AUTO PARTS
RT 3 & 138
WYOMING RI 02898
 Phone: (401) 539-5005

Brief statement of the character of business conducted in Rhode Island:
SALES AND SERVICE OF AUTO PARTS

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
THOMAS SADDOW	14250 N OAKWOOD LN	FOUNTAIN HILLS AZ	85268
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
THOMAS SADDOW	14250 N OAKMONT LN	FOUNTAIN HILLS AZ	85268

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
THOMAS SADDOW	14250 N OAKMONT LN	FOUNTAIN HILLS, AZ	85268
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000	COMMON		

Date: 5-18, 19 95
 By: Tom Sadow
THOMAS E. SADDOW
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

THOMAS E. SADDOW
 11508 MAIN STREET
 WYOMING RI 02898

PAID
 MAY 22 1995
 TP 197
 SECRETARY OF STATE

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT *CA# 704511112*
State of Rhode Island and Providence Plantations *15002*
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0062108 Annual Report for the year 1994

Name of Business Entity: WYOMING AUTO PARTS, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

WYOMING AUTO PARTS INC.

1150 B MAIN ST

WYOMING, R.I. 02898

Phone: (401) 539-5005

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-11)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Tom SADDOW

P.O. Box 448

WYOMING, R.I. 02898

Brief statement of the character of business conducted in Rhode Island:

Sales & Service - Auto Parts

Date of Organization 10/15/90 *(CA)*

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Tom SADDOW 1150 MAIN ST WYOMING, R.I. 02898

CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CUSTODIAN OF RECORDS OR SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CHIEF FINANCIAL OFFICER OR TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1000 NPV NUMBER 1000

CLASS CLASS

SERIES SERIES

PAR VALUE OR WITHOUT PAR PAR VALUE OR WITHOUT PAR *30 MMR*

Date 2-7-94 19

By: Tom Sadow

TOM SADDOW
PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

THOMAS E. SADDOW
1150 B MAIN STREET
WYOMING RI 02898

50 70

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

5720 S. UNIVERSITY AVE.

CHICAGO, ILL. 60637

TEL: 773-936-3700

FAX: 773-936-3700

WWW.PHYSICS.UCHICAGO.EDU

PHYSICS 321

LECTURE 1

MECHANICS

LECTURER: DR. J. JOHNSON

LECTURE 1: INTRODUCTION

LECTURE 2: KINEMATICS

LECTURE 3: DYNAMICS

LECTURE 4: ENERGY

LECTURE 5: ANGULAR MOTION

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

62279B

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0052108 Annual Report for the year 1993

FIRST: The name of the corporation is WYOMING AUTO PARTS, INC.

SECOND: It is incorporated under the laws of The State of Rhode Island

THIRD: Character of business, briefly stated, is for the sale and distribution of auto parts
and accessories and for any and all other legal purposes

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1150 B Main Street, Wyoming, Rhode Island 02898

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>TOM SADDOW</u>	President	<u>1150 MAIN ST. WYOMING, R.I. 02898</u>
<u>" "</u>	Vice President	<u>" " " " "</u>
<u>" "</u>	Secretary	<u>" " " " "</u>
<u>" "</u>	Treasurer	<u>" " " " "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID

FFR 18 1993

SECY OF STATE

Dated 2-15 1993

WYOMING AUTO PARTS INC.
(Name of Corporation)

By Tom Sadow

Title Pres

(Report must be signed by an officer)

Filing Fee \$50.00

5327

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00E2108 Annual Report for the year 1992

FIRST: The name of the corporation is WYOMING AUTO PARTS, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is for the sale and distribution of auto parts and accessories and for any and all other legal purposes.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1150 B Main Street, Wyoming, Rhode Island 02898

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
NONE	Director	
NONE	Director	
NONE	Director	
Thomas E. Sadow	President	1150B Main Street, Wyoming, Rhode Island 02898
	Vice President	
Thomas E. Sadow	Secretary	1150B Main Street, Wyoming, Rhode Island 02898
Thomas E. Sadow	Treasurer	1150B Main Street, Wyoming, Rhode Island 02898

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Rec'd & Filed MAR 26 1992

Dated February 28, 19 92.

WYOMING AUTO PARTS INC
(Name of Corporation)

By Thomas E Sadow

Title PRES

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 006210E Annual Report for the year 1991

FIRST: The name of the corporation is WYOMING AUTO PARTS, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is for the sale and distribution of auto parts and accessories and for any and all other legal purposes.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1150B Main Street, Wyoming, Rhode Island 02898

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
None	Director	
None	Director	
None	Director	
Thomas E. Sadow	President	1150B Main Street, Wyoming, Rhode Island 02898
	Vice President	
Thomas E. Sadow	Secretary	1150B Main Street, Wyoming, Rhode Island 02898
Thomas E. Sadow	Treasurer	1150B Main Street, Wyoming, Rhode Island 02898

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

FEB - 4 1991

SECY OF STATE

Dated January 31, 19 91

WYOMING AUTO PARTS, INC.

(Name of Corporation)

By Thomas Sadow

Title PRES.

(Report must be signed by an officer)