



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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 17262		2. Exact name of the Corporation Perlow's Auto Parts, Inc.			
3. Principal Office Address 589 Pawtucket Avenue		City Pawtucket		State RI	Zip 02860
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island The sale of new and used auto parts.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven B. Perlow			Vice-President Name Steven B. Perlow		
Street Address 2 Preakness Drive			Street Address 2 Preakness Drive		
City Lincoln		State Ri	Zip 02865	City Lincoln	
State RI		Zip 02865		State RI	
Zip 02865					
Secretary Name Steven B. Perlow			Treasurer Name Steven B. Perlow		
Street Address 2 Preakness Drive			Street Address 2 Preakness Drive		
City Lincoln		State RI	Zip 02865	City Lincoln	
State RI		Zip 02865		State RI	
Zip 02865					
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip					
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	Common	no par value
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. <i>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.</i>					
Name of Authorized Representative Steven B. Perlow					Date 1/16/19
Signature of Authorized Representative 					

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

SIGN DOCUMENT HERE **FILED**

JAN 28 2019

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