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

Annual Report for the year: 2020
Corporation

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

FILED
JAN 13 2020
BY 1382 105

1 Entity ID Number	2 Exact name of the Corporation			
000938572	S P AUTOMOTIVE EXPORT INC			
3 Principal Office Address		City	State	Zip
234 ALTHEA STREET		PROVIDENCE	RI	02909
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
441300				
5 State of Incorporation				
RI	AUTOMOBILE PARTS			

7 List ALL officers (names and addresses)			Check the box to indicate an attachment X		
President Name			Vice-President Name		
SITHA PELL			STMT		
Street Address			Street Address		
234 ALTHEA STREET					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909			
Secretary Name			Treasurer Name		
SITHA PELL			SITHA PELL		
Street Address			Street Address		
234 ALTHEA STREET			234 ALTHEA STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909	PROVIDENCE	RI	02909

8 List ALL directors (names and addresses)			Check the box to indicate an attachment		
Director Name			Director Name		
SITHA PELL					
Street Address			Street Address		
234 ALTHEA STREET					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909			
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
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	COMMON	0

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	Date
	1/13/20
Signature of Authorized Representative	
SITHA PELL	

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