

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

FILED

Annual Report for the year:
Corporation

2020

JAN 13 2020

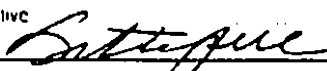
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

BY

1382 DS

1 Entity ID Number 000938572		2 Exact name of the Corporation S. P. AUTOMOTIVE EXPORT INC									
3 Principal Office Address 234 ALTHEA STREET			City PROVIDENCE	State RI	Zip 02909						
4 NAICS Code 441300	6 Brief description of the character of business conducted in Rhode Island AUTOMOBILE PARTS										
5 State of Incorporation RI											
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☒											
President Name SITHA PELL			Vice-President Name SITHA PELL								
Street Address 234 ALTHEA STREET			Street Address								
City PROVIDENCE	State RI	Zip 02909	City	State	Zip						
Secretary Name SITHA PELL			Treasurer Name SITHA PELL								
Street Address 234 ALTHEA STREET			Street Address 234 ALTHEA STREET								
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909						
8 List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
Director Name SITHA PELL			Director Name								
Street Address 234 ALTHEA STREET			Street Address								
City PROVIDENCE	State RI	Zip 02909	City	State	Zip						
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>0</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	0
		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 SITHA PELL					Date 1/13/20						
Signature of Authorized Representative SITHA PELL 											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2515

Phone: (401) 222-3040

Website: www.sos.ri.gov