AMENDED

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

ling Period: January 1-March 1 • Filing Fee: ~~$50.00~~

STOP READ ALL INSTRUCTIONS

ORM MUST BE TYPED IN BLACK)

Corporate ID No.	*2. Name of Corporation*		
71685	CAR PARTS INTERNATIONAL, INC.		
Street Address Principal Business Office	*City*	*State*	*Zip*
1119 POST ROAD	WARWICK	RI	02888
Business Phone No.	*3. State of Incorporation*		*4. SIC Code*
401-461-1188	RHODE ISLAND		3533

Brief Description of the Character of Business Conducted in Rhode Island
SALES OF (NEW) AUTO PARTS - WHOLESALE & RETAIL

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

sident Name	*Vice President Name*
KIANOOSH YAZDANSETA	N/A
ret Address	*Street Address*
47 PINE HILL DRIVE	
y / *State* / *Zip*	*City* / *State* / *Zip*
NEEDHAM / MA / 02492	
retary Name	*Treasurer Name*
KHANDAN KOHANLOO YAZDANSETA	N/A
ret Address	*Street Address*
47 PINE HILL DRIVE	
ty / *State* / *Zip*	*City* / *State* / *Zip*
NEEDHAM / MA / 02492	

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

rector Name	*Director Name*
KIANOOSH YAZDANSETA	KHANDAN KOHANLOO YAZDANSETA
ret Address	*Street Address*
47 PINE HILL DRIVE	47 PINE HILL DRIVE
ty / *State* / *Zip*	*City* / *State* / *Zip*
NEEDHAM / MA / 02492	NEEDHAM / MA / 02492
rector Name	*Director Name*
STANLEY BLOOMFIELD	
ret Address	*Street Address*
9 MOCCASIN PATH	
ty / *State* / *Zip*	*City* / *State* / *Zip*
NATICK / MA / 01760	

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*) ☐ **11. SHARES ISSUED** (*"X" BOX FOR ATTACHMENT*) ☐

UTHORIZED SHARES			*ISSUED SHARES*		
umber of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1000	COMMON	NO PAR VALUE	500	COMMON	NO PAR VALUE

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

FILED

NOV 21 2002

By DA #55

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.

11/20/02
Signature of Officer *Date*

KIANOOSH YAZDANSETA
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date:
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY