



State of Rhode Island

Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FEB 04 2021

BY

46835

FOR

DS

1. Entity ID Number 000017264		2. Exact name of the Corporation WESTERLY AUTO PARTS CORPORATION			
3. Principal Office Address 100 Franklin Street, Unit B			City Westerly	State RI	Zip 02891
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island Selling of automotive parts and supplies			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name James V. Silvestri			Vice-President Name		
Street Address 100 Franklin Street, Unit B			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name James V. Silvestri			Treasurer Name James V. Silvestri		
Street Address 100 Franklin Street, Unit B			Street Address 100 Franklin Street, Unit B		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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.					
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 James V. Silvestri				Date 1/29/2021	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020