RI SOS Filing Number: 202193811180 Date: 3/9/2021 4:00:00 PM

đ	14 C.		119
MAR	0	9	2021

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2021
Corporation	

MAR 0 9 2021

 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 		ot filed by April 1.	av ov	1701	_		
1. Entity ID Number		e of the Corporatio	ın .				
62108	Wyoming A	uto Parts, Inc					
Principal Office Address 1167 Main St			City Wyorning	State RI	Zip 02898		
4. NAICS Code	I6 Brief descr	ristion of the charac	, ,				
441310		Brief description of the character of business conducted in Rhode Island Auto parts store					
5. State of Incorporation RI	7						
7. List ALL officers (names and a	addresses)		Type By March March	Check the box to indica	ate an attachment		
President Name Thomas Saddow			Vice-President Name				
Street Address 1167 Main St			Street Address	Street Address			
^{City} Wyoming	State RI	Zip ₀₂₈₉₈	City	State	Zip		
Secretary Name			Treasurer Name Thomas Saddow				
Street Address			Street Address 1167 Mai	in St			
City	State	Zip	City Wyoming	State RI	^{Zip} 02898		
8. List ALL directors (names and	i addresses)		<u> </u>	Check the box to indicate	ate an attachment		
Director Name Thomas Saddow			Director Name	Director Name Thomas Saddow Jr			
Thomas Saddow			Thomas S	Saddow Jr			
Street Address 1167 Main St			Street Address PO Box 2	Saddow Jr 			
Street Address 1167 Main St	State RI	Zip ₀₂₈₉₈	Street Address PO Box 2 City Summerfield	298 State FL	^{Zip} 34492		
Street Address 1167 Main St	State RI	Zip ₀₂₈₉₈	Street Address PO Box 2	298 Istate	^{Zip} 34492		
Street Address 1167 Main St City Wyoning	State RI	Zip 02898	Street Address PO Box 2 City Summerfield	298 Istate	^{Zip} 34492		
Street Address 1167 Main St City Wyoming Director Name	State RI	Zip 02898	Street Address PO Box 2 City Summerfield Director Name	298 Istate	Zip 34492 Zip		
Thomas Saddow Street Address 1167 Main St City Wyoming Director Name Street Address City 9. Shares Authorized	State	Zip 10. Shares Iss	Street Address PO Box 2 City Summerfield Director Name Street Address City	State State State Check the box to indicate	Zip ate an attachment		
Thomas Saddow Street Address 1167 Main St City Wyoming Director Name Street Address City	State	Zip	Street Address PO Box 2 City Summerfield Director Name Street Address City	State FL	Zip		
Thomas Saddow Street Address 1167 Main St City Wyoming Director Name Street Address City 9. Shares Authorized This Information is currently of re	State	Zīp 10. Shares Iss NUMBER O	Street Address PO Box 2 City Summerfield Director Name Street Address City	State State State Check the box to indicate	Zip ate an attachment		
Street Address 1167 Main St City Wyoming Director Name Street Address City 9. Shares Authorized This Information is currently of re Department of State. Changes require an additional filing 11. This report must be executed trustee, this report must be executed trustee, this report must be executed.	State State ng. d on behalf of the cuted on behalf of	Zip 10. Shares Iss Number o None corporation by an a the corporation by	Street Address PO Box 2 City Summerfield Director Name Street Address City Sued F SHARES authorized representative. I	State State Check the box to indicact CLASS/SERIES If the corporation is in the h	Zip ate an attachment PAR VALUE ands of a receiver or		
Street Address 1167 Main St City Wyoming Director Name Street Address City 9. Shares Authorized This Information is currently of re Department of State. Changes require an additional filling 11. This report must be executed trustee, this report must be executed trusteen the report must be executed to the report must be executed trusteen the report must be executed to the repor	State State ocord in the ng. d on behalf of the cuted on behalf of clare and affirm to ments contained	Zip 10. Shares Iss Number o None corporation by an a the corporation by	Street Address PO Box 2 City Summerfield Director Name Street Address City Sued F SHARES authorized representative. I the receiver or trustee. red this report, including in the second	State State Check the box to indicact CLASS/SERIES If the corporation is in the h	Zip ate an attachment PAR VALUE ands of a receiver or		
Street Address 1167 Main St City Wyoming Director Name Street Address City 9. Shares Authorized This Information is currently of re Department of State. Changes require an additional filling 11. This report must be executed trustee, and that all statem. Name of Authorized Representa	State State ocord in the ng. d on behalf of the cuted on behalf of clare and affirm to ments contained	Zip 10. Shares Iss Number o None corporation by an a the corporation by	Street Address PO Box 2 City Summerfield Director Name Street Address City Sued F SHARES authorized representative. I the receiver or trustee. red this report, including in the second	State Check the box to indicact CLASS/SERIES If the corporation is in the hany accompanying scheol	Zip ate an attachment PAR VALUE ands of a receiver or		
Street Address 1167 Main St City Wyoming Director Name Street Address City 9. Shares Authorized This Information is currently of re Department of State. Changes require an additional filing 11. This report must be executed trustee, this report must be executed trusteen the report must be executed to the report must	State State cord in the ng. d on behalf of the cuted on behalf of clare and affirm to ments contained ative	Zip 10. Shares Iss Number o None corporation by an a the corporation by	Street Address PO Box 2 City Summerfield Director Name Street Address City Sued F SHARES authorized representative. I the receiver or trustee. red this report, including in the second	State Check the box to indicact CLASS/SERIES If the corporation is in the hany accompanying scheoo	Zip ate an attachment PAR VALUE ands of a receiver or		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov