

MAR 09 2021



State of Rhode Island

Department of State - Business Services Division

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.

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WY 001701

1. Entity ID Number 62108		2. Exact name of the Corporation Wyoming Auto Parts, Inc			
3. Principal Office Address 1167 Main St			City Wyoming	State RI	Zip 02898
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island Auto parts store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas Sadow			Vice-President Name		
Street Address 1167 Main St			Street Address		
City Wyoming	State RI	Zip 02898	City	State	Zip
Secretary Name			Treasurer Name Thomas Sadow		
Street Address			Street Address 1167 Main St		
City	State	Zip	City Wyoming	State RI	Zip 02898
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas Sadow			Director Name Thomas Sadow Jr		
Street Address 1167 Main St			Street Address PO Box 298		
City Wyoming	State RI	Zip 02898	City Summerfield	State FL	Zip 34492
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			None		
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 Tom Sadow				Date 3.5.21	
Signature of Authorized Representative <i>Tom Sadow</i>					

MAIL TO:

Division of Business Services

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