State of Rhode Island

# Department of State - Business Services Division

FILED
MAR 17 2021
BY

## 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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 13672 | USED AUTO PARTS, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 124 BRYANT STREET | BERKLEY | MA | 02779 |

| 4. NAICS Code | 6. Bnef description of the character of business conducted in Rhode Island |
|---|---|
| 441310 | NONE |
| 5. State of Incorporation | |
| RHODE ISLAND | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| JAMES S KING JR | SHARON L. KING |
| Street Address: 32 GRINNELL STREET | Street Address: 32 GRINNELL STREET |
| City: BERKLEY, State: MA, Zip: 02779 | City: BERKLEY, State: MA, Zip: 02779 |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| SHARON L. KING | JAMES S. KING JR |
| Street Address: 32 GRINNELL STREET | Street Address: 32 GRINNELL STREET |
| City: BERKLEY, State: MA, Zip: 02779 | City: BERKLEY, State: MA, Zip: 02779 |
| 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 ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 1000 | COMMON | 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 | Date |
|---|---|
| JAMES S. KING JR | 3-13-21 |

Signature of Authorized Representative: James S. King Jr President

**MAIL TO:**
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