



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**FEB 07 2023**

**STAMP**

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 1658 *RS*

FOR

1. Entity ID Number <b>000017264</b>		2. Exact name of the Corporation <b>WESTERLY AUTO PARTS CORPORATION</b>			
3. Principal Office Address <b>100 Franklin Street, Unit B</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>441310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Selling of automotive parts and supplies</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>James V. Silvestri</b>			Vice-President Name		
Street Address <b>100 Franklin Street, Unit B</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Secretary Name <b>James V. Silvestri</b>			Treasurer Name <b>James V. Silvestri</b>		
Street Address <b>100 Franklin Street, Unit B</b>			Street Address <b>100 Franklin Street, Unit B</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		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 <b>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.</b>					
Name of Authorized Representative <b>James V. Silvestri</b>					Date <b>2-2-23</b>
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](http://www.sos.ri.gov)