



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

**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.

**FILED**

MAR 27 2023

**STAMP**

BY Bny FOR [Signature]

1. Entity ID Number <b>001722578</b>		2. Exact name of the Corporation <b>Wyoming Auto and Truck Parts, Inc.</b>			
3. Principal Office Address <b>1167 Main Street</b>			City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
4. NAICS Code <b>423100</b>		6. Brief description of the character of business conducted in Rhode Island <b>Auto parts</b>			
5. State of Incorporation <b>RI</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>Susan Silvestri</b>			Vice-President Name <b>James Silvestri</b>		
Street Address <b>1167 Main Street</b>			Street Address <b>1167 Main Street</b>		
City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>	City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	CLASS/SERIES	PAR VALUE
			<b>500</b>	<b>CNP</b>	<b>0.00</b>
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 Silvestri</b>					Date <b>3.22.23</b>
Signature of Authorized Representative <u>[Signature]</u>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov