



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 555		2. Exact name of the Corporation Ajax Auto Parts Inc Co.												
3. Principal Office Address 469 Angell St Suite 2		City Providence		State RI	Zip 02906									
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Dealing in Auto parts												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Charles T. Gore			Vice-President Name											
Street Address PO Box 29			Street Address											
City Providence	State RI	Zip 02904	City	State	Zip									
Secretary Name Marc B Gostakov			Treasurer Name											
Street Address 469 Angell St Suite 2			Street Address											
City Providence	State RI	Zip 02906	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>CNP</td> <td>Ø</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	CNP	Ø			
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600	CNP	Ø												
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 Marc B Gostakov			Date 2/14/24											
Signature of Authorized Representative 			FILED											

FEB 14 2024

MAIL TO:

Division of Business Services

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

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