



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

**FILED**

Annual Report for the year: 2024

FEB 14 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.

BY 2/14/24  
DS

1. Entity ID Number <b>64221</b>		2. Exact name of the Corporation <b>BOB'S A&amp;A AUTO PARTS, INC.</b>			
3. Principal Office Address <b>381 Huntington Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>335911</b>		6. Brief description of the character of business conducted in Rhode Island <b>Buy and sell auto parts and all other lawful purposes</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>Robert O. Pelland, Jr.</b>			Vice-President Name <b>Robert O. Pelland, Jr.</b>		
Street Address <b>381 Huntington Avenue</b>			Street Address <b>381 Huntington Avenue</b>		
City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	
State <b>RI</b>		Zip <b>02909</b>	State <b>RI</b>		Zip <b>02909</b>
Secretary Name <b>Robert O. Pelland, Jr.</b>			Treasurer Name <b>Robert O. Pelland, Jr.</b>		
Street Address <b>381 Huntington Avenue</b>			Street Address <b>381 Huntington Avenue</b>		
City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	
State <b>RI</b>		Zip <b>02909</b>	State <b>RI</b>		Zip <b>02909</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 <b>n/a</b>			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized <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
			1000	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>Robert O. Pelland, Jr., President</b>				Date <b>2-4-24</b>	
Signature of Authorized Representative 					

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