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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
001674151	PSA PARTS INC.			
3. Principal Office Address		City	State	Zip
2 PRINCE GEORGES ROAD, COLLIERS WOOD		LONDON	UK	SW19
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
454110	SELLING BATTERIES AND COMPUTER ACCESSORIES			
5. State of Incorporation				
DE				

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

President Name: JAMES EDWARD MCBRIEN			Vice-President Name:		
Street Address: 8 HIGHBURY ROAD			Street Address:		
City: LONDON	State: UK	Zip: SW19	City:	State:	Zip:
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: JAMES EDWARD MCBRIEN			Director Name:		
Street Address: 8 HIGHBURY ROAD			Street Address:		
City: LONDON	State: UK	Zip: SW19 7PR	City:	State:	Zip:
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
1500	COMMON	0

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
MICHAEL BOYD, COO	Apr 10, 2024

Signature of Authorized Representative

FILED

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

8:40 APR 11 2024 BY ML 625HW

FORM 630- Revised 12/2023