



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.

REC'D RIDOS BSD  
24 APR 11 PM 8:36:29

1. Entity ID Number 001674151		2. Exact name of the Corporation PSA PARTS INC.			
3. Principal Office Address 2 PRINCE GEORGES ROAD, COLLIERS WOOD		City LONDON		State UK	Zip SW19
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island SELLING BATTERIES AND COMPUTER ACCESSORIES			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	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. <i>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.</i>					
Name of Authorized Representative MICHAEL BOYD, COO				Date 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

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BY ML 62 SHW

FORM 630- Revised 12/2023