



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

MAY 01 2024
6705 *or*

- 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 17262		2. Exact name of the Corporation Perlow's Auto Parts, Inc			
3. Principal Office Address 589 Pawtucket Ave		City Pawtucket		State RI	Zip 02860
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island The sale of new and used 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 Steven B Perlow			Vice-President Name Steven B Perlow		
Street Address 2 Preakness Drive			Street Address 2 Preakness Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Steven B Perlow			Treasurer Name Steven B Perlow		
Street Address 2 Preakness Drive			Street Address 2 Preakness Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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.		NUMBER OF SHARES		CLASS/SERIES	
		50		Common	
				PAR VALUE	
				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.					
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 Steven B. Perlow				Date X 4/26/24	
Signature of Authorized Representative X					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov