



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.

REC'D: RI SOS BSD
 24 APR 24 PM 1:47:12
 2024 APR 19 10:59:00 AM

1. Entity ID Number 000071685		2. Exact name of the Corporation CAR PARTS INTERNATIONAL, INC			
3. Principal Office Address 60 KENDRICK STREET			City NEEDHAM	State MA	Zip 02494
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTION OF NEW AUTO PARTS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KIANOOSH YAZDANSETA			Vice-President Name		
Street Address 47 PINE HILL DR			Street Address		
City NEEDHAM	State MA	Zip 02492	City	State	Zip
Secretary Name KIANOOSH YAZDANSETA			Treasurer Name KIANOOSH YAZDANSETA		
Street Address 47 PINE HILL DR			Street Address 47 PINE HILL DR		
City NEEDHAM	State MA	Zip 02492	City NEEDHAM	State MA	Zip 02492
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KIANOOSH YAZDANSETA			Director Name		
Street Address 47 PINE HILL DR			Street Address		
City NEEDHAM	State MA	Zip 02492	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	PAR VALUE
		500			0.00
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 KIANOOSH YAZDANSETA				Date 4/19/2024	
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

FILED

MAY 10 2024
BY WTD/DM AA.
10:59 AM

FORM 630, Revised 12/2023