



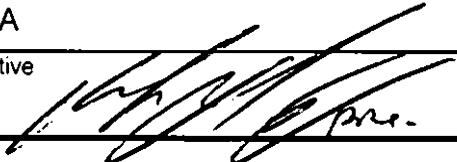
State of Rhode Island  
Department of State - Business Services Division

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 RHODES BSD  
24 APR 24 PM 1:47:12  
2024 APR 19 10:20:15

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name KIANOOSH YAZDANSETA		Vice-President Name	
Street Address 47 PINE HILL DR		Street Address	
City NEEDHAM	State MA	Zip 02492	
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	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name KIANOOSH YAZDANSETA		Director Name	
Street Address 47 PINE HILL DR		Street Address	
City NEEDHAM	State MA	Zip 02492	
Director Name		Director Name	
Street Address		Street Address	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 500	CLASS/SERIES PAR VALUE 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 <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 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

MAY 10 2024  
BY W7DFM

FORM 630- Revised 12/2023

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