



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 BSI  
 24 APR 24 PM 1:47:15  
 2024 APR 10 PM 10:55

1. Entity ID Number <b>000071685</b>	2. Exact name of the Corporation <b>CAR PARTS INTERNATIONAL, INC</b>
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3. Principal Office Address <b>60 KENDRICK STREET</b>	City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02494</b>
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4. NAICS Code <b>441310</b>	6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE DISTRIBUTION OF NEW AUTO PARTS</b>
5. State of Incorporation <b>RHODE ISLAND</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>KIANOOSH YAZDANSETA</b>			Vice-President Name		
Street Address <b>47 PINE HILL DR</b>			Street Address		
City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02492</b>	City	State	Zip
Secretary Name <b>KIANOOSH YAZDANSETA</b>			Treasurer Name <b>KIANOOSH YAZDANSETA</b>		
Street Address <b>47 PINE HILL DR</b>			Street Address <b>47 PINE HILL DR</b>		
City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02492</b>	City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02492</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>KIANOOSH YAZDANSETA</b>			Director Name		
Street Address <b>47 PINE HILL DR</b>			Street Address		
City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02492</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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 <b>KIANOOSH YAZDANSETA</b>	Date <b>4/19/2024</b>
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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 WJDF  
 AA JOYSD  
 12/2/23