



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 06 2025

BY 12636
AA

1. Entity ID Number 13672		2. Exact name of the Corporation USED AUTO PARTS INC	
3. Principal Office Address 124 BRYANT STREET		City BERKLEY	State MA
		Zip 02779	
4. NAICS Code 441300	6. Brief description of the character of business conducted in Rhode Island SALES OF 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 JAMES S KING JR		Vice-President Name SHARON L KING	
Street Address 32 GRINNELL STREET		Street Address 32 GRINNELL STREET	
City BERKLEY	State MA	City BERKLEY	State MA
Zip 02779		Zip 02779	
Secretary Name JAMES S KING JR		Treasurer Name JAMES S KING JR	
Street Address 32 GRINNELL STREET		Street Address 32 GRINNELL STREET	
City BERKLEY	State MA	City BERKLEY	State MA
Zip 02779		Zip 02779	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name SHARON KING		Director Name JAMES S KING JR	
Street Address 32 GRINNELL STREET		Street Address 32 GRINNELL STREET	
City BERKLEY	State MA	City BERKLEY	State MA
Zip 02779		Zip 02779	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		1000	COMMON
			NONE
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 JAMES S KING JR			Date 01/31/2025
Signature of Authorized Representative <i>James S King Jr President</i>			