



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

MAR 04 2025
BY 154110 STAMP
[Signature]

1. Entity ID Number 001722578		2. Exact name of the Corporation Wyoming Auto and Truck Parts, Inc.	
3. Principal Office Address 1167 Main Street		City Wyoming	State RI
		Zip 02898	
4. NAICS Code 423100	6. Brief description of the character of business conducted in Rhode Island Auto parts		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name James Silvestri		Vice-President Name James Silvestri	
Street Address 1167 Main Street		Street Address 1167 Main Street	
City Wyoming	State RI	Zip 02898	City Wyoming
		State RI	Zip 02898
Secretary Name James Silvestri		Treasurer Name James Silvestri	
Street Address 1167 Main Street		Street Address 1167 Main Street	
City Wyoming	State RI	Zip 02898	City Wyoming
		State RI	Zip 02898
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name James Silvestri		Director Name	
Street Address 1167 Main Street		Street Address	
City Wyoming	State RI	Zip 02898	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 ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		500	CNP
			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 James Silvestri		Date 2-18-25	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:

Division of Business Services

48 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021