RI SOS Filing Number: 202325964630 Date: 1/12/2023 4:00:00 PM

| State of Rhode Island Department of Sta | • | | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|--------------------------------------|--------------|-----------------------|--|
| Annual Report for the year: 2023 | | | JAN 1 2 2023 | | | | |
| Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | | | BY LOLE OLD | | | | |
| Entity ID Number | | f the Corporation | . | | | | |
| 17262 | Perlow's Auto Parts, Inc. | | | | | | |
| Principal Office Address S89 Pawtucket Avenue | | | City Pawtucke | et | State RI | Zip 02860 | |
| 4. NAICS Code | 6. Brief descripti | on of the characte | r of business co | f business conducted in Rhode Island | | | |
| 441310 5. State of Incorporation | The sale of new and used auto parts | | | | | | |
| RI | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment C | | | | | | | |
| President Name Steve B. Perlow | | | Vice-President Name Steve B. Perlow | | | | |
| Street Address 2 Preakness Drive | | | Street Address 2 Preakness Drive | | | | |
| ^{City} Lincoln | State RI | ^{Zip} 02865 | City Lincoln | 1 | State RI | ^{Zip} 02865 | |
| Secretary Name Steve B. Perlow | | | Treasurer Name Steve B. Perlow | | | | |
| Street Address 2 Preakness Drive | | | Street Address 2 Preakness Drive | | | | |
| ^{City} Lincoln | State RI | ^{Zip} 02865 | City Lincoln | | State RI | ^{Zip} 02865 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment | | | | | | | |
| Director Name Dir | | | | Director Name | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zıp | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | | State | Zıp | |
| 9. Shares Authorized | | 10. Shares Issue | | | e box to ir | ndicate an attachment | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUVBER OF STARES | | CLASS/SERIES Common | | | |
| | | | | | | • | |
| 11. This report must be executed o trustee, this report must be execute | ed on behalf of the | corporation by th | e receiver or tri | ustee. | | | |
| 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 Steve B. Perlow Date 1/2/23 | | | | | | 19123 | |
| Signature of Adhorized Represent | ative | | | | <u>' / /</u> | | |
| | | | | | | | |

MAİL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov