



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 140339		2. Exact name of the Corporation JIM'S CUSTOM EXHAUST, INC.		
3. Principal office address 2544 South County Trail		City West Kingston	State RI	Zip 02892
4. Business Phone No. 401-782-2110		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Motor Vehicle repair and custom exhaust				
President Name James C. Doak		Vice-President Name		
Street Address 326A Jingle Valley Road		Street Address		
City West Kingston	State RI	Zip 02892	City	State
Secretary Name James C. Doak		Treasurer Name James C. Doak		
Street Address 236A Jingle Valley Road		Street Address 236A Jingle Valley Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value

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.

FILED

JAN 24 2013

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.

Signature of Authorized Representative

Date

James C. Doak
Print or Type Name of Authorized Representative

CH # 8152