



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. 141022		2. Exact name of the Corporation Xtreme Restorations by Todd Lewis, Inc.			
3. Principal office address 35 Railroad Street, P.O. Box 1160			City Slatersville	State RI	Zip 02876
4. Business Phone No. 401-383-7550			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Pre 1975 antique and classic automobile restorations					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Todd M. Lewis			Vice-President Name Stuart E. Weeman		
Street Address 675 West Hartford Avenue			Street Address 266 Rumstick Road		
City Uxbridge	State MA	Zip 01569	City Barrington	State RI	Zip 02806
Secretary Name Erin D. Lewis			Treasurer Name Anita L. Chiulli		
Street Address 675 West Hartford Avenue			Street Address 266 Rumstick Road		
City Uxbridge	State MA	Zip 01569	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			1500	Common	\$10

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAR 13 2013

By *mnc*
CR # 1308

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.

Todd Lewis
Signature of Authorized Representative _____ Date _____

Todd M. Lewis, President

Print or Type Name of Authorized Representative