



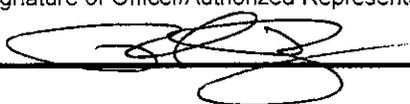
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

2016 DEC 15

RI. REG. DIV.

1. Entity ID Number <u>154627</u>		2. Exact name of the Corporation <u>RHODE ACES CAR CLUB ROT</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>CLASSIC CAR CLUB / CHARITABLE EVENTS</u>			
5. Principal Office Address <u>166 FORT ST.</u>			City <u>E. PROV</u>	State <u>RI</u>	Zip <u>02914</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>PAUL RODRIGUES</u>			Vice-President Name		
Street Address <u>166 FORT ST.</u>			Street Address		
City <u>E PROV</u>	State <u>RI</u>	Zip <u>02914</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>PAUL RODRIGUES</u>			Director Name <u>MARK SARAIVA</u>		
Street Address <u>166 FORT ST.</u>			Street Address <u>SAME</u>		
City <u>E. PROV</u>	State <u>RI</u>	Zip <u>02914</u>	City	State	Zip
Director Name <u>TOM SANTOS</u>			Director Name		
Street Address <u>SAME</u>			Street Address		
City	State	Zip	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>PAUL RODRIGUES</u>					Date <u>12/15/16</u>
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

DEC 15 2016

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By AL 290929