

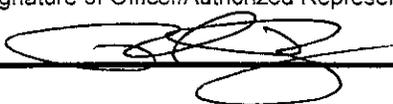


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 DIVISION OF STATE  
 2016 DEC 15 PM 2:28

Annual Report for the year: 2014  
 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.

1. Entity ID Number <u>154627</u>		2. Exact name of the Corporation <u>RHODE ACES CAR CLUB RI</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 <b>MUST</b> list at least <b>THREE</b> 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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
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 AR 29092P