



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


Annual Report for the year: 2013  
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.

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|   |                    |  |                                      |                    |  |
|---|--------------------|--|--------------------------------------|--------------------|--|
| 1. Entity ID Number<br><u>154627</u>  |                    | 2. Exact name of the Corporation<br><u>RHODE ACES CAR CLUB RI</u>  |                                      |                    |  |
| 3. State of Incorporation<br><u>RI</u>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>CLASSIC CAR CLUB / CHARITABLE EVENTS</u> |                                      |                    |  |
| 5. Principal Office Address<br><u>166 FORT ST.</u>  |                    |  | City<br><u>E. PROV</u>               | State<br><u>RI</u> | Zip<br><u>02914</u>  |
| 6. List ALL officers (names and addresses)  |                    |  |                                      |                    | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><u>PAUL RODRIGUES</u>   |                    |  | Vice-President Name                  |                    |  |
| Street Address<br><u>166 FORT ST.</u>   |                    |  | Street Address                       |                    |  |
| City<br><u>E PROV</u>   | State<br><u>RI</u> | Zip<br><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<br><u>PAUL RODRIGUES</u>  |                    |  | Director Name<br><u>MARK SARAIVA</u> |                    |  |
| Street Address<br><u>166 FORT ST.</u>   |                    |  | Street Address<br><u>SAME</u>        |                    |  |
| City<br><u>E. PROV</u>  | State<br><u>RI</u> | Zip<br><u>02914</u>  | City                                 | State              | Zip  |
| Director Name<br><u>TOM SANTOS</u>  |                    |  | Director Name                        |                    |  |
| Street Address<br><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<br><u>PAUL RODRIGUES</u>  |                    |  |                                      |                    | Date<br><u>12/15/16</u>  |
| Signature of Officer/Authorized Representative<br>   |                    |  |                                      |                    | SIGN DOCUMENT HERE   |

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

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By 290929

FORM 631 - Revised: 05/2016