



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1027241		2. Exact name of the Corporation In Stock Motorsports, Inc.			
3. Principal Office Address 64 High Street Unit 7			City Ashaway	State RI	Zip 02804
4. NAICS Code 71 - Arts, Entertainment, and		6. Brief description of the character of business conducted in Rhode Island New and after market parts for ATVs and motorcycles			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Justin Hoffler			Vice-President Name Nancy Hoffler		
Street Address 50 Stillwater Road			Street Address 13 Pound Road		
City Charlestown	State RI	Zip 02813	City Westerly	State RI	Zip 02891
Secretary Name Justin Hoffler			Treasurer Name Justin Hoffler		
Street Address 50 Stillwater Road			Street Address 50 Stillwater Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Justin Hoffler			Director Name		
Street Address 50 Stillwater Road			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		Common
					PAR VALUE
					None
11. 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. 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.					
Name of Authorized Representative Justin Hoffler, President					Date 2/21/17
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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