



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.

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|  |   |   |      |   |                         |
|--|---|---|------|---|-------------------------|
| 1. Entity ID Number<br><b>000309124</b>  |   | 2. Exact name of the Corporation<br><b>Ray's Auto Clinic, Inc.</b>  |      |   |                         |
| 3. Principal Office Address<br><b>1970 East Main Road</b>  |   | City<br><b>Portsmouth</b>   |      | State<br><b>RI</b>                              | Zip<br><b>02871</b>     |
| 4. NAICS Code<br><b>81 - Other Services (except Pul</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>To own, manage, and operate an automotive service and repair business</b> |   |      |   |                         |
| 5. State of Incorporation<br><b>Rhode Island</b>   |   |   |      |   |                         |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |      |   |                         |
| President Name<br><b>Jonathan P. Taggart</b>   |   | Vice-President Name<br><b>N/A</b>   |      |   |                         |
| Street Address<br><b>1970 East Main Road</b>   |   | Street Address  |      |   |                         |
| City<br><b>Portsmouth</b>  | State<br><b>RI</b>  | Zip<br><b>02871</b>   | City | State   | Zip                     |
| Secretary Name<br><b>Jonathan P. Taggart</b>   |   | Treasurer Name<br><b>Jonathan P. Taggart</b>  |      |   |                         |
| Street Address<br><b>Same</b>  |   | Street Address<br><b>Same</b>   |      |   |                         |
| City   | State   | Zip   | City | State   | Zip                     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |      |   |                         |
| Director Name<br><b>N/A</b>  |   | Director Name<br><b>N/A</b>   |      |   |                         |
| Street Address   |   | Street Address  |      |   |                         |
| City   | State   | Zip   | City | State   | Zip                     |
| Director Name<br><b>N/A</b>  |   | Director Name<br><b>N/A</b>   |      |   |                         |
| Street Address   |   | Street Address  |      |   |                         |
| City   | State   | Zip   | City | State   | Zip                     |
| 9. Shares Authorized<br><b>This information is currently of record in the Department of State.</b><br><b>Changes require an additional filing.</b>   |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |      |   |                         |
|  |   | NUMBER OF SHARES<br><b>100</b>  |      | CLASS/SERIES                                    | PAR VALUE<br><b>.01</b> |
|  |   |   |      |   |                         |
| 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.<br><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> |   |   |      |   |                         |
| Name of Authorized Representative<br><b>Jonathan P. Taggart</b>  |   |   |      | Date<br><b>2/27/17</b>                          |                         |
| Signature of Authorized Representative<br>   |   |   |      | <b>FILED</b><br>MAR 06 2017<br>BY <b>297540</b> |                         |
|  |   |   |      |   |                         |

MAIL TO:  
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