

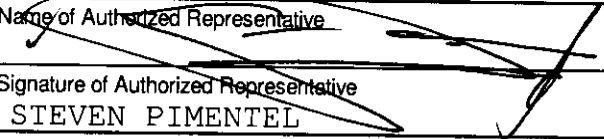
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000486451		2. Exact name of the Corporation ACE'S INC.			
3. Principal Office Address 171 MARKET STREET		City WARREN		State RI	Zip 02885
4. Business Phone Number 401-245-2222		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN PIMENTEL		Vice-President Name STEVEN PIMENTEL			
Street Address 20 JOSEPHINE AVENUE		Street Address 20 JOSEPHINE AVENUE			
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name STEVEN PIMENTEL		Treasurer Name STEVEN PIMENTEL			
Street Address 20 JOSEPHINE AVENUE		Street Address 20 JOSEPHINE AVENUE			
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN PIMENTEL		Director Name			
Street Address 20 JOSEPHINE AVENUE		Street Address			
City RUMFORD	State RI	Zip 02916	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	
		4		COMMON	
				PAR VALUE	
				0	
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 					Date 5/2/17
Signature of Authorized Representative STEVEN PIMENTEL					

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

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