



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

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00


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

FILED

MAR 29 2018

BY

120860

1. Entity ID Number 001268042		2. Exact name of the Corporation Zero Motorcycles, Inc.			
3. Principal Office Address 380 El Pueblo Road		City Scotts Valley		State CA	Zip 95066
4. NAICS Code 336991		6. Brief description of the character of business conducted in Rhode Island Motorcycle Manufacturer			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Samuel Paschel			Vice-President Name Abe Askenazi		
Street Address 380 El Pueblo Road			Street Address 380 El Pueblo Road		
City Scotts Valley	State CA	Zip 95066	City Scotts Valley	State CA	Zip 95066
Secretary Name			Treasurer Name Curtis P Sacks		
Street Address			Street Address 380 El Pueblo Road		
City	State	Zip	City Scotts Valley	State CA	Zip 95066
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
324,274,823		Common		.001	
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 Steve Taylor					Date 2/21/2018
Signature of 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

FORM 630 - Revised: 10/2017