



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

Annual Report for the year: **2019**  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

1. Entity ID Number <b>140339</b>		2. Exact name of the Corporation <b>JIM'S CUSTOM EXHAUST, INC.</b>			
3. Principal Office Address <b>2544 South County Trail</b>			City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>Motor Vehicle repair and custom exhaust</b>			
5. State of Incorporation <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 <b>James C. Doak</b>			Vice-President Name		
Street Address <b>326A Jingle Valley Road</b>			Street Address		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City	State	Zip
Secretary Name <b>James C. Doak</b>			Treasurer Name <b>James C. Doak</b>		
Street Address <b>326A Jingle Valley Road</b>			Street Address <b>326A Jingle Valley Road</b>		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					No Par Value
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. <i>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.</i>					
Name of Authorized Representative <b>James C. Doak</b>					Date <b>1/28/19</b>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

**FILED**

**JAN 28 2019**

**16790**