



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<br><b>140339</b>   |                    | 2. Exact name of the Corporation<br><b>JIM'S CUSTOM EXHAUST, INC.</b>   |  |                     |  |
| 3. Principal Office Address<br><b>2544 South County Trail</b>  |                    | City<br><b>West Kingston</b>  |  | State<br><b>RI</b>  | Zip<br><b>02892</b>  |
| 4. NAICS Code<br><b>811111</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Motor Vehicle repair and custom exhaust</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>James C. Doak</b>   |                    |   | Vice-President Name                              |                     |  |
| Street Address<br><b>326A Jingle Valley Road</b>   |                    |   | Street Address                                   |                     |  |
| City<br><b>West Kingston</b>   | State<br><b>RI</b> | Zip<br><b>02892</b>   | City   | State               | Zip  |
| Secretary Name<br><b>James C. Doak</b>   |                    |   | Treasurer Name<br><b>James C. Doak</b>           |                     |  |
| Street Address<br><b>326A Jingle Valley Road</b>   |                    |   | Street Address<br><b>326A Jingle Valley Road</b> |                     |  |
| City<br><b>West Kingston</b>   | State<br><b>RI</b> | Zip<br><b>02892</b>   | City<br><b>West Kingston</b>                     | State<br><b>RI</b>  | Zip<br><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 <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.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |  | CLASS/SERIES        | PAR VALUE  |
|  |                    | <b>100</b>  | <b>Common</b>                                    | <b>No Par Value</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>James C. Doak</b>  |                    |   |  |                     | Date<br><b>1/25/19</b>                                       |
| Signature of Authorized Representative<br>   |                    |   |  |                     | <b>FILED</b> <b>SV</b><br><b>JAN 28 2019</b><br><b>16790</b> |
| SIGN DOCUMENT HERE   |                    |   |  |                     |  |