



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

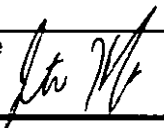
Annual Report for the year: **2019**
Corporation

STAMP

→ 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 001027241		2. Exact name of the Corporation IN STOCK MOTORSPORTS, INC.			
3. Principal Office Address 64 High Street		City Westerly		State RI	Zip 02891
4. NAICS Code 441228		6. Brief description of the character of business conducted in Rhode Island New and after market parts for ATVs and motorcycles.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Justin Hoffer			Vice-President Name Nancy Hoffer		
Street Address 50 Stillwater Road			Street Address 13 Pound Road		
City Charlestown	State RI	Zip 02813	City Westerly	State RI	Zip 02891
Secretary Name Justin Hoffer			Treasurer Name Justin Hoffer		
Street Address 50 Stillwater Road			Street Address 50 Stillwater Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Justin Hoffer			Director Name		
Street Address 50 Stillwater Road			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE .01
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 Justin Hoffer, President				Date 3/5/19	
Signature of Authorized Representative 				SIGN DOCUMENT BY 280 DS	

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