



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

FILED

Annual Report for the year: 2020

MAR 05 2020

Corporation

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

BY

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JOE

|  |                    |   |   |                    |                        |
|--|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>000488333</b>  |                    | 2. Exact name of the Corporation<br><b>American Muscle Car Restorations, Inc.</b>   |   |                    |                        |
| 3. Principal Office Address<br><b>65 Foliage Drive</b>   |                    | City<br><b>North Kingstown</b>  |   | State<br><b>RI</b> | Zip<br><b>02852</b>    |
| 4. NAICS Code<br><b>811190</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>CLASSIC AUTOMOTIVE REMANUFACTURING<br/>+ RESTORATION.</b> |   |                    |                        |
| 5. State of Incorporation<br><b>Rhode Island/USA</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>Michael L. Mancini</b>  |                    |   | Vice-President Name<br><b>NONE</b>  |                    |                        |
| Street Address<br><b>44 FAULKNER AVE.</b>  |                    |   | Street Address  |                    |                        |
| City<br><b>OXFORD</b>  | State<br><b>MA</b> | Zip<br><b>01540</b>   | City  | State              | Zip                    |
| Secretary Name<br><b>NONE</b>  |                    |   | Treasurer Name<br><b>NONE</b>   |                    |                        |
| Street Address   |                    |   | Street Address  |                    |                        |
| City   | State              | Zip   | City  | State              | Zip                    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                        |
| Director Name<br><b>NONE</b>   |                    |   | Director Name<br><b>NONE</b>  |                    |                        |
| Street Address   |                    |   | Street Address  |                    |                        |
| City   | State              | Zip   | City  | State              | Zip                    |
| Director Name<br><b>NONE</b>   |                    |   | Director Name<br><b>NONE</b>  |                    |                        |
| 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.   |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                        |
|  |                    |   | NUMBER OF SHARES CLASS/SERIES PAR VALUE   |                    |                        |
|  |                    |   | <b>1000 CW P \$10.00</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>Michael L. Mancini</b>   |                    |   |   |                    | Date<br><b>2-28-20</b> |
| Signature of Authorized Representative <b>Michael L. Mancini</b> <span style="float: right;">SIGN DOCUMENT HERE</span>   |                    |   |   |                    |                        |

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

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