RI SOS Filing Number: 202189029230 Date: 2/1/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

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P.I. DESCEIVED STANTSTATE 2021 FEB JAMES TATE
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1 Entity ID Number	2. Exact nan	2. Exact name of the Corporation						
000140339		JIM'S CUSTOM EXHAUST, INC.						
3 Principal Office Address	ncipal Office Address			City		Zip		
2544 South County Trail			West Kings	ton	RI	02892		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
811111	Motor Vehi	Motor Vehicle repair and custom exhaust						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names ar	nd addresses)				ck the box to inc	licate an attachment [
President Name James C. Doak			Vice-President Name					
Street Address 326A Jingle V	Street Address							
City West Kingston	State RI	Zip 02892	City		State	Zip		
ecretary Name James C. Doak			Treasurer Name James C. Doak					
Street Address 326A Jingle Valley Road			Street Address 326A Jingle Valley Road					
^{City} West Kingston	State RI	Zip 02892	City West Kingston		State RI	^{Zip} 02892		
8. List ALL directors (names a	and addresses)			Che	ck the box to inc	dicate an attachment [
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	Citý		State	Zip		
Director Name	I <u></u>	<u>-</u>	Director Name	:	1 <u>-</u>	<u> </u>		
Street Address	Street Address							
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment [
his information is currently of record in the epartment of State.			OF SHARES	CIASS/SERIES		PAR VALUE		
•		100	100			No Par Value		
Changes require an additional	ming.							
11. This report must be execu	uted on behalf of the	corporation by an	authorized repres	sentative. If the co	rporation is in th	e hands of a receiver of		
trustee, this report must be e. Under penalty of perjury, I (omeanvina cel	hodules and		
onder penany or perjury, r statements, and that all sta				ncluding any acc	ompanying sci			
Name of Authorized Representative				-	Date	121.1000		
James C. Doak, President			"	12021				
Signature of Authorized Beni	esentative	SIGN DO	CUMENT HERE					
Lun	at folia	r						
MAIL TO:			・シ・イイ	CCD 0.4				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov LFR 0 1 5051

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