State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2021

Corporation

→ 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	2. Exact name of the Corporation
000140339	**JIM'S CUSTOM EXHAUST, INC.**

3. Principal Office Address	City	State	Zip
2544 South County Trail	**West Kingston**	**RI**	**02892**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	**Motor Vehicle repair and custom exhaust**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **James C. Doak**			Vice-President Name:		
Street Address: **326A Jingle Valley Road**			Street Address:		
City: **West Kingston**	State: **RI**	Zip: **02892**	City:	State:	Zip:
Secretary 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 and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common**	**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.

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	Date
James C. Doak, President	1/27/2021

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
12:57
FEB 01 2021
BY [signature]

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