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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 1 2021
BY 9280

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			
000309124	Ray's Auto Clinic, Inc.			
3. Principal Office Address		City	State	Zip
1970 East Main Road		Portsmouth	RI	02871
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811111				
5. State of Incorporation				
Rhode Island				

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

President Name: Jonathan P. Taggart			Vice-President Name: N/A		
Street Address: 1970 East Main Road			Street Address:		
City: Portsmouth	State: RI	Zip: 02871	City:	State:	Zip:
Secretary Name: Jonathan P. Taggart			Treasurer Name: Jonathan P. Taggart		
Street Address: 1970 East Main Road			Street Address: 1970 East Main Road		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871

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

Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	.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: Jonathan P. Taggart — Date: 2/12/21

Signature of Authorized Representative:

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

2.28

FORM 630 - Revised: 08/2020