RI SOS Filing Number: 202196092630 Date: 4/29/2021 3:49:00 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
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2021 APR 29 P 3:49

1. Entity ID Number	2. Exact name of the Corporation
000141022	Xtreme Resotrations by Todd Lewis Inc.

3. Principal Office Address	City	State	Zip
35 Railroad Street	Slatersville	RI	02876

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811198	Classic car restoration
5. State of Incorporation: Rhode Island	

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

President Name: Todd Lewis			Vice-President Name: na NONE		
Street Address: 300 Knight Street 2 r			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	City:	State:	Zip:
Secretary Name: Erin Lewis			Treasurer Name: Todd Lewis		
Street Address: 12 Brookside Drive			Street Address: 300 Knight Street 2R		
City: Douglas	State: MA	Zip: 01516	City: Woonsocket	State: RI	Zip: 02876

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

Director Name: Todd Lewis			Director Name: NONE		
Street Address: 300 Knight Street 2r			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	City:	State:	Zip:
Director Name: Erin Lewis			Director Name: NONE		
Street Address: 12 Brookside Drive			Street Address:		
City: Douglas	State: MA	Zip: 01516	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		$10.-

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
Todd Lewis	4/29/2021

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
APR 29 2021
BY CA T2W99
3:49

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