

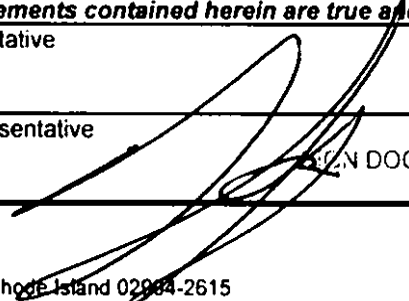


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000141022		2. Exact name of the Corporation Xtreme Resotratons by Todd Lewis Inc.	
3. Principal Office Address 35 Railroad Street		City Slatersville	State RI
		Zip 02876	
4. NAICS Code 811198	6. Brief description of the character of business conducted in Rhode Island 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	City	State
	Zip 02895		Zip
Secretary Name Erin Lewis		Treasurer Name Todd Lewis	
Street Address 12 Brookside Drive		Street Address 300 Knight Street 2R	
City Douglas	State MA	City Woonsocket	State RI
	Zip 01516		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	City	State
	Zip 02895		Zip
Director Name Erin Lewis		Director Name NONE	
Street Address 12 Brookside Drive		Street Address	
City Douglas	State MA	City	State
	Zip 01516		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. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	
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 Todd Lewis		Date APR 29 2021	
Signature of Authorized Representative 		APR 29 2021 BY Ch T 2w99 3:48	