



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

S 1 1

→ 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

2021 JUL 19 P 3 48

1. Entity ID Number 000486451		2. Exact name of the Corporation ACE'S INC.	
3. Principal Office Address 171 MARKET STREET		City WARREN	State RI
		Zip 02885	
4. NAICS Code 811121	6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name STEVEN PIMENTEL		Vice President Name STEVEN PIMENTEL	
Street Address 171 MARKET STREET		Street Address 171 MARKET STREET	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
Secretary Name STEVEN PIMENTEL		Treasurer Name STEVEN PIMENTEL	
Street Address 171 MARKET STREET		Street Address 171 MARKET STREET	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name STEVEN PIMENTEL		Director Name N/A	
Street Address 171 MARKET STREET		Street Address	
City WARREN	State RI	City	State
Zip 02885		Zip	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		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
		4	COMMON
			\$0.01
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 STEVEN PIMENTEL		Date 7/13/2021	
Signature of Authorized Representative 			

FILED

JUL 19 2021

BY MMTDY
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