State of Rhode Island
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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL 19 P 3:48

1. Entity ID Number	2. Exact name of the Corporation
000486451	ACE'S INC.

3. Principal Office Address	City	State	Zip
171 MARKET STREET	WARREN	RI	02885

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811121	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	Vice-President Name
STEVEN PIMENTEL	STEVEN PIMENTEL
Street Address: 171 MARKET STREET	Street Address: 171 MARKET STREET
City: WARREN, State: RI, Zip: 02885	City: WARREN, State: RI, Zip: 02885
Secretary Name	**Treasurer Name**
STEVEN PIMENTEL	STEVEN PIMENTEL
Street Address: 171 MARKET STREET	Street Address: 171 MARKET STREET
City: WARREN, State: RI, Zip: 02885	City: WARREN, State: RI, Zip: 02885

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

Director Name	Director Name
STEVEN PIMENTEL	N/A
Street Address: 171 MARKET STREET	Street Address:
City: WARREN, State: RI, Zip: 02885	City: , State: , Zip:
Director Name	**Director Name**
N/A	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
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	Date
STEVEN PIMENTEL	7/13/2021
Signature of Authorized Representative	

FILED
JUL 19 2021
BY MMTD4
3:48

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: 08/2020