



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 14 2023

BY

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DS

1. Entity ID Number 000309124		2. Exact name of the Corporation Ray's Auto Clinic, Inc.												
3. Principal Office Address 1970 East Main Road			City Portsmouth	State RI	Zip 02871									
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To own, manage, and operate an automotive service and repair business												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>														
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	.01			
		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 TAGGART					Date 1/09/2023									
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