



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.

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

1. Entity ID Number 000486451		2. Exact name of the Corporation ACE'S INC.		2023 MAY 22 A 10:43	
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 <input type="checkbox"/>					
President Name STEVEN PIMENTEL			Vice-President Name 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 STEVEN PIMENTEL			Treasurer Name 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 <input type="checkbox"/>					
Director Name STEVEN PIMENTEL			Director Name N/A		
Street Address 171 MARKET STREET			Street Address		
City WARREN	State RI	Zip 02885	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.			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 5/21/23
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

MAY 22 2023
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