



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 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 4 | CLASS/SERIES COMMON | PAR VALUE \$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 | | | | | |

FILED

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