



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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 07 2024

BY *[Signature]* 1540

1. Entity ID Number 000141022		2. Exact name of the Corporation Xtreme Restorations by Todd Lewis Inc.			
3. Principal Office Address 35 Railroad Street		City North Smithfield		State RI	Zip 02896
4. NAICS Code 811114		6. Brief description of the character of business conducted in Rhode Island Vehicle restoration			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Todd Lewis			Vice-President Name		
Street Address P.O. Box 160, 35 Railroad Street			Street Address		
City Slatersville	State RI	Zip 02876	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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	
1500.00		STK		10.0000.	
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 Rita A. Turcotte				Date 3/5/2024	
Signature of Authorized Representative <i>[Signature]</i>					

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: 12/2023