

State of Rhode Island
Department of State - Business Services Division

FILED
APR 23 2025
BY 1490 d

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001708663		2. Exact name of the Corporation OX CAR CARE, INC				
3. Principal Office Address 17875 VON KARMEN, STE 1500			City IRVINE	State CA	Zip 92614	
4. NAICS Code 524290		6. Brief description of the character of business conducted in Rhode Island SERVICE				
5. State of Incorporation CA						
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name <i>Kathy McDonald</i>			Vice-President Name			
Street Address <i>17875 Von Karmen Ste 1500</i>			Street Address			
City <i>IRVINE</i>	State <i>CA</i>	Zip <i>92614</i>	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					<input type="checkbox"/>	
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		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	PAR VALUE	
		1000		A		
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. <i>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.</i>						
Name of Authorized Representative <i>Kathy McDonald</i>					Date <i>4/13/2025</i>	
Signature of Authorized Representative KATHY MCDONALD						

MAIL TO:
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