

A. Ralph Mollis. Secretary of State Corporations Division 1-i8 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

7, 8) No. 97962	2. Exact name of the limited lia RAC Acquisitions, LLC	Exact name of the limited liability company AC Acquisitions, LLC				
3. State of Formation Rhode Island	4. Brief description of Real Estate	the character of the bus	iness which is actually conducted in Rhod	e Island		
5. Principal office address 25 Roberts Way			North Kingstown	State Rhode Island	λφ 02852	
6. MAILING ADDRI Contact Name Richard A. Catallo		Y COMPANY AND	NAME OR TITLE OF CONTACT  Contact Title  Operating Manager	PERSON:		
Street Address 25 Roberts Way			<i>cin</i> North Kingstown	State Rhode Island	Δφ 02852	
7. NAME AND ADD			LIABILITY COMPANY, IF APPI G ATTACHMENTS ("X" BOX FO		LIST MEMBERS	
Manager Name Richard A. Catallozzi			Manager Name			
Street Address 25 Roberts Way			Street Address			
North Kingstown State Rhode Island		02852	СЦу	Statle	Zīp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	ZIp	
Agent Name		NOT ALTER - Ch	anges require filing of Form (	542 - R.I.G.E. 7-16-11		
David M. Campanella  Address			222 Jefferson Blvd.			
Campanella & Mills, Ltd.			Warwick	1 '	888	
	This report mus	t be executed by an	authorized person pursuant to R	.1.G.L. 7-16-66 (b).	SEP 12 11:40	

97962

File Date FILED	
Check NoSEP 1 8 2007	
By SECRET & D. La	USE ONLY

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.

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Lignature of Authorized Person

Richard A. Catallozzi

Print or Type Name of Authorized Person

Form 632 Rev. 07/07