STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___2008___

Filing Period: January 1 - March 1 • *Filing Fee: $50.00*
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **44711**	2. Name of Corporation **RAYDIC INVESTMENTS, LTD.**

3. Street Address Principal Business Office **999 Chalkstone Ave**	City **Providence**	State **RI**	Zip **02909**

4. Business Phone No. **(401) 351 5700**	5. State of Incorporation **Rhode Island**	6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Sale of liquor and related products

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Marilyn J. Girard
Street Address
49 Paul James Dr.

City **Tiverton**	State **RI**	Zip **02878**

Vice President Name
Raymond L. Girard
Street Address
49 Paul James Dr.

City **Tiverton**	State **RI**	Zip **02878**

Secretary Name
Marilyn J. Girard
Street Address
49 Paul James Dr.

City **Tiverton**	State **RI**	Zip **02878**

Treasurer Name
Raymond L. Girard
Street Address
49 Paul James Dr.

City **Tiverton**	State **RI**	Zip **02878**

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City	State	Zip

Director Name
Street Address
City	State	Zip

Director Name
Street Address
City	State	Zip

Director Name
Street Address
City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐   AUTHORIZED SHARES

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐   ISSUED SHARES

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000	No Par Value		20	common	no par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JAN 28 2008
By DS
1237

FOR SECRETARY OF STATE USE ONLY
File Date _____
Check No. _____
By: _____

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.

Signature of Officer _____ Date _1-15-08_

RAYMOND L. GIRARD
Print or Type Name of Officer

V/PRES.
Title of Officer

Form 630 Rev. 12/03