



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 52405		2. Name of Corporation RACER'S EQUIPMENT WAREHOUSE, INC.			
3. Street Address Principal Business Office 580 WATERMAN AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 401-438-4060		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SELLING AUTOMOBILE PARTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> X ^o BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RALPH J. ACCINNO			Vice President Name		
Street Address 580 WATERMAN AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name RALPH J. ACCINNO			Treasurer Name RALPH J. ACCINNO		
Street Address 580 WATERMAN AVENUE			Street Address 580 WATERMAN AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> X ^o BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RALPH J. ACCINNO			Director Name		
Street Address 580 WATERMAN AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (<input checked="" type="checkbox"/> X ^o BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE	1,000	COMMON	NO PAR
10. SHARES ISSUED (<input checked="" type="checkbox"/> X ^o BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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.

FILED

File Date: FEB 27 2008

Check No.: By 30503

FOR SECRETARY OF STATE 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.

Signature: Date: 2-10-08

RALPH J. ACCINNO
Print or Type Name
PRESIDENT
Title