



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 2009

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.<br>17721                                                                                                       |              | 2. Name of Corporation<br>RAPP, INC.      |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>27 DRYDEN LANE, ROSENSTEIN, HALPER & MASELLI                                        |              |                                           | City<br>PROVIDENCE                                                  | State<br>RI  | Zip<br>02904 |
| 4. Business Phone No.<br>401-331-6851                                                                                              |              | 5. State of Incorporation<br>RHODE ISLAND |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>INVESTMENTS                                         |              |                                           |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                           |                                                                     |              |              |
| President Name<br>RENEE RAPAPORTE                                                                                                  |              |                                           | Vice President Name<br>RENEE RAPAPORTE                              |              |              |
| Street Address<br>70 LYMAN ROAD                                                                                                    |              |                                           | Street Address<br>70 LYMAN ROAD                                     |              |              |
| City<br>CHESTNUT HILL                                                                                                              | State<br>MA  | Zip<br>02167                              | City<br>CHESTNUT HILL                                               | State<br>MA  | Zip<br>02167 |
| Secretary Name<br>RENEE RAPAPORTE                                                                                                  |              |                                           | Treasurer Name<br>RENEE RAPAPORTE                                   |              |              |
| Street Address<br>70 LYMAN ROAD                                                                                                    |              |                                           | Street Address<br>70 LYMAN ROAD                                     |              |              |
| City<br>CHESTNUT HILL                                                                                                              | State<br>MA  | Zip<br>02167                              | City<br>CHESTNUT HILL                                               | State<br>MA  | Zip<br>02167 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                           |                                                                     |              |              |
| Director Name<br>RENEE RAPAPORTE                                                                                                   |              |                                           | Director Name<br>JAY N. ROSENSTEIN                                  |              |              |
| Street Address<br>70 LYMAN ROAD                                                                                                    |              |                                           | Street Address<br>27 DRYDEN LANE                                    |              |              |
| City<br>CHESTNUT HILL                                                                                                              | State<br>MA  | Zip<br>02167                              | City<br>PROVIDENCE                                                  | State<br>RI  | Zip<br>02904 |
| Director Name                                                                                                                      |              |                                           | Director Name                                                       |              |              |
| Street Address                                                                                                                     |              |                                           | Street Address                                                      |              |              |
| City                                                                                                                               | State        | Zip                                       | City                                                                | State        | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                             |              |                                           | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| AUTHORIZED SHARES                                                                                                                  |              |                                           | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
| Number of Shares                                                                                                                   | Class/Series | Par Value                                 | Number of Shares                                                    | Class/Series | Par Value    |
| 2,000 COMM NO PAR VALUE,                                                                                                           |              |                                           | 1490                                                                | PREFERRED    | 100.00       |
| 5,000 PREF \$100.00 PAR VALUE                                                                                                      |              |                                           | 1189                                                                | COMMON       | NO 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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | JAN 06 2009 |
| Check No.                       | By 109      |
| By:                             |             |
| 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: Renee Rapaporte 1/3/09  
Date: 1/3/09  
RENEE RAPAPORTE  
Print or Type Name  
PRESIDENT  
Title: RENE RAPAPORTE