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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.	2. Name of Corporation
52405	RACER'S EQUIPMENT WAREHOUSE, INC.

3. Street Address Principal Business Office	City	State	Zip
~~580 WATERMAN AVENUE~~ 111 Commerce Dr	~~EAST PROVIDENCE~~ Warwick	RI	~~02914~~ 02886

4. Business Phone No.	5. State of Incorporation
~~401-438-4060~~ 401 324 6010	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
SELLING AUTOMOBILE PARTS

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

President Name	Vice President Name
RALPH J. ACCINNO	
Street Address: ~~580 WATERMAN AVENUE~~ 111 Commerce Dr.	Street Address:
City: ~~EAST PROVIDENCE~~ Warwick; State: RI; Zip: ~~02914~~ 02886	City; State; Zip
Secretary Name: RALPH J. ACCINNO	Treasurer Name: RALPH J. ACCINNO
Street Address: ~~580 WATERMAN AVENUE~~ 111 Commerce Dr	Street Address: ~~580 WATERMAN AVENUE~~ 111 Commerce Dr
City: ~~EAST PROVIDENCE~~ Warwick; State: RI; Zip: ~~02914~~ 02886	City: ~~EAST PROVIDENCE~~ Warwick; State: ~~RI~~ RI; Zip: ~~02914~~ 02886

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

Director Name	Director Name
RALPH J. ACCINNO	
Street Address: ~~580 WATERMAN AVENUE~~ 111 Commerce Dr	Street Address:
City: ~~EAST PROVIDENCE~~ Warwick; State: ~~RI~~ RI; Zip: ~~02914~~ 02886	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR

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.

[redacted] [redacted]

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* 2/18/09

RALPH J. ACCINNO
Print or Type Name

[redacted] PRESIDENT
Title

File Date	2-19-09
Check No.	0032466
By:	MMC

FOR SECRETARY OF STATE USE ONLY

31286-8-348838

Form 630 Rev. 08/08