



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. 8370		2. Name of Corporation R C ASSOCIATES, INC.					
3. Street Address Principal Business Office 34 Meadow Rd		City WOONSOCKET	State RI	Zip 02895			
4. Business Phone No. 401-486-1673		5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Business Conducted in Rhode Island Fast food construction + remodeling.							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Robert E. Cravin		Vice President Name Mary R. Cravin					
Street Address 34 Meadow Rd		Street Address 34 Meadow Rd					
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895		
Secretary Name Mary R. Cravin		Treasurer Name Robert E. Cravin					
Street Address 34 Meadow Rd		Street Address 34 Meadow Rd					
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name Robert E. Cravin		Director Name					
Street Address 34 Meadow Rd		Street Address					
City WOONSOCKET	State RI	Zip 02895	City	State	Zip		
Director Name Mary R. Cravin		Director Name					
Street Address 34 Meadow Rd		Street Address					
City WOONSOCKET	State RI	Zip 02895	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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. 2000					ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
					Number of Shares 0	Class/Series E	Par Value 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.

FILED	
File Date	MAR 02 2009
Check No.	By 1088
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.

Robert E. Cravin
Signature
Robert E. Cravin
Date
President
Title