

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 2011

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. 7-1.2-150).

subject to a penalty fee of \$25.0	<i>0</i>	- <b>- 7 3</b> 7 · · ·	(30) augs	ager the time prescribed by thu	(R.I.G.L. 7-1.2-1501(cord)) i		
1. Corporate 1D No. 17721	RAPP, IN	2. Name of Corporation RAPP, INC.					
3. Street Address Principal Business Office 27 DRYDEN LANE, ROSENSTEIN, HALPER & MASELLI			City PROVIDENCE	State RI	<sup>Zip</sup> 02904		
4. Business Phone No. 401-331-6851		5. State of Incorporation RHODE ISLAND	on and a second and				
6. Brief Description of the Chare  INVESTMENTS	acter of Business Condi	icted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT. President Name RENEE RAPAPORTE			Vice President Name  RENEE RAPAPORTE				
Street Address 70 LYMAN ROAD			Street Address 70 LYMAN ROAD				
CHESTNUT HILL	State MA	<sup>Zip</sup> 02167	City CHESTNUT HILL	State MA	<sup>Zip</sup> 02167		
Secretary Name RENEE RAPAPORTE			Treasurer Name RENEE RAPAPORTE				
Street Address 70 LYMAN ROAD			Street Address 70 LYMAN ROAD				
CHESTNUT HILL	State MA	<sup>Zip</sup> 02167	City CHESTNUT HILL	State MA	<sup>Zip</sup> 02167		
RENEE RAPAPORTE		ECTORS: ("X" BOX FOR A	TTACHMENT)   FILL IN S	SPACES BEFORE USING	ATTACHMENTS		
Street Address 70 LYMAN ROAD			Street Address				
CHESTNUT HILL	State MA	<sup>Zip</sup> 02167	City	State	Zip		
Director Name	***************************************	•••••••	Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED	,	1	in 10. SHARES ISSUED (*)  ISSUED SHARES — THIS SECTION	 "X" BOX FOR ATTACHM ON MUST BE COMPLETED	 AENT) [		
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.				Class/Series	Par Value		
			1490	PREFERRED	100.00		
			1189	COMMON	NO PAR VALUE		
This report must be execute this report must be executed.	ted on behalf of the	e corporation by an authoriz	ed representative. If the corp	poration is in the hands o	f a receiver or trustee,		

uted on behalf of the corporation by the receiver or trustee.

	FILED
File Date	JAN 26 2011
Check No	452
7	CRETARY OF STATE USE ONLY

including any accomp contained herein, are	panying schedules	and stateme	have examined this report.
Signature			Date
RENEE RAPA	PORTE		,
Print or Type Name PRESIDENT	RENEE	RA	PAPORTE
Title			