



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 2013

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. 67709		2. Name of Corporation RAO, INC.	
3. Street Address Principal Business Office 37-H Lark Industrial Parkway		City Greenville	State RI
		Zip 02828	
4. Business Phone No. 401-949-5333		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island To prepare various food products and sell same at both wholesale and retail.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Raymond A. Oliva		Vice President Name Raymond A. Oliva	
Street Address 174 Francis Ave.		Street Address 174 Francis Ave.	
City Pawtucket	State RI	Zip 02860	City Pawtucket
			State RI
			Zip 02860
Secretary Name Raymond A. Oliva		Treasurer Name NONE	
Street Address 174 Francis Ave.		Street Address	
City Pawtucket	State RI	Zip 02860	City
			State
			Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name NONE		Director Name NONE	
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
100	NO PAR VALUE		100
			COMMON
			none

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

JAN 18 2013

File Date _____

Check No. By mmc

By: CL # 10619

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.

Raymond A. Oliva 1-16-13
Signature Date
Raymond A. Oliva
Print or Type Name
President
Title