



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 150527		2. Exact name of the Corporation R & R VINYL, INC.			
3. Principal office address 143 Union Ave.		City Harrisville	State RI	Zip 02830	
4. Business Phone No. 258-1547		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island sale of vinyl products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Roger Ackley		Vice-President Name Jenny Ackley			
Street Address 143 Union Avenue		Street Address 143 Union Avenue			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Roger Ackley		Treasurer Name Roger Ackley			
Street Address 143 Union Avenue		Street Address 132 Union Avenue			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Roger Ackley		Director Name			
Street Address 143 Union Avenue		Street Address			
City Harrisville	State RI	Zip 02830	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	common	\$1.00 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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 14 2013

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 of Authorized Representative **Roger Ackley** Date **2-10-13**
Print or Type Name of Authorized Representative
Roger Ackley