



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. 109259		2. Exact name of the Corporation The Rabco Corporation			
3. Principal office address 1041 Crown Park Circle			City Winter Garden	State FL	Zip 34787
4. Business Phone No. (407) 654-6475			5. State of Incorporation Florida		
6. Brief description of the character of business conducted in Rhode Island Sale & subcontracted erection of pre-engineered light gauge steel self storage buildings.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Emmett C. Owens III			Vice-President Name		
Street Address 12931 Tiger Lilly Court			Street Address		
City Clermont	State FL	Zip 34711	City	State	Zip
Secretary Name Lawrence E. Cox			Treasurer Name Ronald J. Raboud		
Street Address 1099 Park Avenue North			Street Address 4405 W. Kelly Park Road		
City Winter Park	State FL	Zip 32789	City Apopka	State FL	Zip 32712
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ronald J. Raboud			Director Name Lawrence E. Cox		
Street Address 4405 W. Kelly Park Road			Street Address 1099 Park Avenue North		
City Apopka	State FL	Zip 32712	City Winter Park	State FL	Zip 32712
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
			5000	Common	\$.01

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

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.

File Date _____

Check No _____

By: _____

FEB 21 2013

31890

Signature of Authorized Representative Date **02/14/2013**

Emmett C. Owens III, President

Print or Type Name of Authorized Representative