



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 145027		2. Exact name of the limited liability company RIP RACING, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island MORTGAGE HOLDER			
5. Principal office address 4 DAISY ST			City WEST WARWICK	State RI	Zip 02893
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WENDY FIELD			Contact Title OWNER		
Street Address 4 DAISY ST			City WEST WARWICK	State RI	Zip 02893
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name WENDY FIELD			Street Address		
City WEST WARWICK			State RI		
Zip 02893			Manager Name		
Street Address			Street Address		
City WEST WARWICK			City		
State RI			State		
Zip 02893			Zip		
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

JUN 04 2013

BY 49-198550-AA 11:41 AM

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

145027

File Date _____
Check No. _____
By: _____
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.

Wendy Field
Signature of Authorized Person _____ Date _____
WENDY FIELD
Print or Type Name of Authorized Person