



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 2008**

**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 - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
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-11:40  
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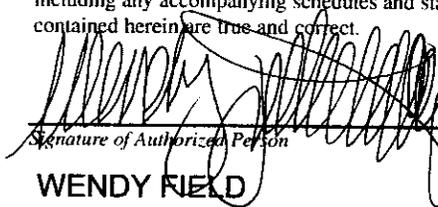
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SECRETARY OF STATE  
CORPORATIONS DIV  
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

  
Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_  
WENDY FIELD  
Print or Type Name of Authorized Person