



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 2014

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. 16818		2. Name of Corporation R & R Associates, Inc.			
3. Street Address Principal Business Office 1258 Elmwood Avenue			City Providence	State RI	Zip 02907
4. Business Phone No. (401) 785-1442		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Operators and Lessors of buildings, including residential.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Raymond J. Tomasso			Vice President Name John P. Tomasso		
Street Address 150 Lyndon Road			Street Address 85 Stamford Avenue		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02907
Secretary Name Raymond A. Tomasso			Treasurer Name John P. Tomasso		
Street Address 85 Stamford Avenue			Street Address 85 Stamford Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT ☐ 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					
10. SHARES ISSUED (X) BOX FOR ATTACHMENT ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 100		Class/Series Common		Par Value No Par	
THIS SECTION MUST BE COMPLETED					

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

MAR 07 2014

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 _____ Date **3-6-14**
Print or Type Name
Raymond J. Tomasso
Title
President