



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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 52405		2. Exact name of the Corporation RACER'S EQUIPMENT WAREHOUSE, INC.		
3. Principal office address 111 COMMERCE DRIVE		City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-384-6010		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island SELLING AUTOMOBILE PARTS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name RALPH J. ACCINNO		Vice-President Name		
Street Address 111 COMMERCE DRIVE		Street Address		
City WARWICK	State RI	Zip 02886	City	State Zip
Secretary Name RALPH J. ACCINNO		Treasurer Name RALPH J. ACCINNO		
Street Address 111 COMMERCE DRIVE		Street Address 111 COMMERCE DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name RALPH J. ACCINNO		Director Name		
Street Address 111 COMMERCE DRIVE		Street Address		
City WARWICK	State RI	Zip 02886	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED				
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
		1000	COMMON	NO PAR
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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: _____

FILED
MAR 06 2015

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.

Ralph J. Accinno 2-10-15
 Signature of Authorized Representative Date
RALPH J. ACCINNO
 Print or Type Name of Authorized Representative

BY 43283