

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 2015

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

| 1. Entity ID No. | | E THIS REPORT BY M | MACH 31 WILL RES | OLI IN A 925.00 FEIN | 7611 FGG. | |
|--|--|---|---|--|--|--|
| 1. Entity 10 No. | I | 2. Exact name of the Corporation RAC Enterprises Inc. | | | | |
| 3. Principal office address 674 Centre of New England Boulevard | | | City Coventry | State RI | Zip 02816 | |
| 4. Business Phone No. (401) 821-4020 | | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character TO OWN AND OPER | | | 1 | | - · · · | |
| A ISTALLOFFICERS (N | vames and addr | ESSES) (PY EBOX FOR A | | | | |
| President Name Roger Carlson | | | Vice-President Name Roger Carlson | | | |
| Street Address 152 Pawtuxet Terrace | | | Street Address 152 Pawtuxet Terrace | | | |
| City West Warwick | State RI | ^{Zip} 02893 | City West Warwick | State RI | ^{Zip} 02893 | |
| Secretary Name Roger Carlson | | | Treasurer Name Roger Carlson | | | |
| Street Address 152 Pawtuxet Terrace | | | Street Address 152 Pawtuxet Terrace | | | |
| City West Warwick | State RI | Zip 02893 | City West Warwick | State RI | 02893 = 35 | |
| 8 LIST ALL DIRECTORS | (NAMES AND ADD | RESSES) ("X" BOX FOR | ATTACHMENT) | | | |
| Director Name | | | ATTACHMENT) Director Name Street Address | | | |
| Street Address | | | | | | |
| City | State | Zip | City | State | Zip S. O | |
| Director Name | l . | 1 | Director Name | . <u>,</u> | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City State | | Zip | |
| 9. SHARES AUTHORIZED | | | 10 SHARESISSUED | ("X" BOX FOR ATTACH | MENTO DE LA COMP | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| 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. | | | 100 | Common | No Par | |
| This report must be execut | | corporation by an authorize t be executed on behalf of | | | s of a receiver or trustee, | |
| File Date | n esteration esterac A la estar estar est | . 25 oxecuted on bondin or | Under penalty of pe | erjury, I deciare and affired any accompanying s | rm that I have examined chedules and statements, | |
| eneta errorra de la composição de la com | Check No FILED By: MAR 0 9 2015 | | | and that all statements contained herein are true and correct. | | |
| By: I page in the state of the page of the state of the s | | | | Signature of Authorized Representative Date | | |
| FOR SECRETARY OF STATE USE ONLY | | | Roger Carlson, President Print or Type Name of Authorized Representative | | | |
| Form No. 630 Revised: 01/2012 | |) A. | | | | |