State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 MAR -1 AM 11:35

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
138714	R & R Communication, Inc.

3. Principal Office Address	City	State	Zip
9 Farewell Street	Newport	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pub	To engage in the business of money transfer and transmission
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Rosemary Moronta-Difo	Rafael A. Difo
Street Address: 9 Farewell Street	Street Address: 9 Farewell Street
City: Newport, State: RI, Zip: 02840	City: Newport, State: RI, Zip: 02840
Secretary Name: Rosemary Moronta-Difo	Treasurer Name: Rosemary Moronta-Difo
Street Address: 9 Farewell Street	Street Address: 9 Farewell Street
City: Newport, State: RI, Zip: 02940	City: Newport, State: RI, Zip: 02940

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
None	
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	200	Common	1.00

11. 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.

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.

Name of Authorized Representative	Date
Rosemary Moronta-Difo	2/27/17

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

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BY 297097

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016