



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 1036566		2. Exact name of the Corporation RAFFA SALES CORPORATION	
3. Principal Office Address 19 SHARPE DRIVE		City CRANSTON	State RI
		Zip 02920	
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island SALE OF FOOD, BEVERAGES, CLOTHING AND ACILLARY ITEMS.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CHRISTINE RAFFA		Vice-President Name SAME	
Street Address 1559 SNAKE HILL ROAD		Street Address	
City NO. SCITUATE	State RI	City	State
	Zip 02857		Zip
Secretary Name SAME		Treasurer Name SAME	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES COMON
		PAR VALUE \$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 CHRISTINE RAFFA		Date 02/28/2017	
Signature of Authorized Representative 		FILED MAR 09 2017 1001	

MAIL TO:
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