



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

Annual Report for the year: **2019**

Corporation

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 JAN - 9 AM 11:21

1. Entity ID Number 16818		2. Exact name of the Corporation R & R Associates, Inc.			
3. Principal Office Address 1258 Elmwood Avenue		City Providence		State RI	Zip 02907
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Operators and Lessors of buildings, including residential.				
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 Raymond J. Tomasso			Vice-President Name John P. Tomasso		
Street Address 150 Lyndon Rd			Street Address 85 Stamford Avenue		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02907
Secretary Name Raymond J. Tomasso			Treasurer Name John P. Tomasso		
Street Address 150 Lyndon Rd.			Street Address 85 Stamford Avenue		
City Cranston	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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		CLASS/SERIES		PAR VALUE	
100		Common		No Par	
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 Raymond J. Tomasso					Date 1-3-2019
Signature of Authorized Representative 					

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

JAN 9 2019
BY CK 1734