



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 15 2019

BY

1087

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.

| | | | | | |
|---|--------------------|--|---|--------------------|---------------------------|
| 1. Entity ID Number 509990 | | | 2. Exact name of the Corporation RAAC Real Estate Company, Inc | | |
| 3. Principal Office Address 515 Broad Street | | | City Cumberland | State RI | Zip 02864 |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island 4 Residential Rental Units +1 or 2 Business Rental Units | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Anthony Caetano | | | Vice-President Name Alise Sheppard | | |
| Street Address 22 Pristine Dr. | | | Street Address 803 Golden Lake Loop | | |
| City Cumberland | State RI | Zip 02864 | City Saint Augustine | State FL | Zip 32084 |
| Secretary Name Alise Sheppard | | | Treasurer Name Rose-Marie Catano DeAndrade | | |
| Street Address 803 Golden Lake Loop | | | Street Address 345 Grange Park | | |
| City Saint Augustine | State FL | Zip 32084 | City Bridgeater | State Ma | Zip 02324 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| 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 <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | | | |
| | | | | | |
| 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 Alise Sheppard | | | | | Date 02/11/2019 |
| Signature of Authorized Representative <i>Alise Sheppard</i> | | | | | |