



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

FILED

Annual Report for the year: 2019
Corporation

FEB 15 2019 *JS*

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

BY 1087

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 Busines 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
		100		STK	000.00
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 Alise Sheppard				Date 02/11/2019	
Signature of Authorized Representative <i>Alise Sheppard</i>					

MAIL TO:
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