



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

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BUS SVCS DIV

2019 OCT -4 P 1:59

Annual Report for the year: 2014  
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 <b>78608</b>		2. Exact name of the Corporation <b>RaiCor INC.</b>	
3. Principal Office Address <b>PO Box 72784</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>			
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>RICARDO PATINO</b>		Vice-President Name	
Street Address <b>420 ADELAISE AV.</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	
Secretary Name <b>RICARDO PATINO</b>		Treasurer Name	
Street Address <b>420 ADELAISE AV.</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>COMMON</b>
			PAR VALUE <b>0</b>
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. <b>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.</b>			
Name of Authorized Representative <b>RICARDO PATINO</b>		Date <b>10/4/19</b>	
Signature of Authorized Representative <i>[Signature]</i>			

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

FILED  
OCT 04 2019  
BY AK JB 4E7 2:04