



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

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year:  
Corporation

2013

2019 OCT -4 P 1:59

- 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 78608		2. Exact name of the Corporation RAICOR INC.	
3. Principal Office Address PO Box 72784		City PROVIDENCE	State RI Zip 02907
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name RICARDO PATINO		Vice-President Name	
Street Address 420 ADELAIDE AV.		Street Address	
City PROVIDENCE	State RI	Zip 02907	
Secretary Name RICARDO PATINO		Treasurer Name	
Street Address 420 ADELAIDE A.		Street Address	
City PROVIDENCE	State RI	Zip 02907	
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 1000	CLASS/SERIES COMMON
			PAR VALUE 0
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 RICARDO PATINO		Date 10/4/19	
Signature of Authorized Representative			

FILED C

OCT 04 2019

BY ALTBREY 2:03