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BUS SVCS DIV

2019 OCT -4 P 1:59



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2010

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

FILED

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

OCT 04 2019
BY AL JBQEZ

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