



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

FILED

FEB 18 2020

Annual Report for the year: 2020
 Corporation

BY 228

- 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 0001679902		2. Exact name of the Corporation RACC Properties, Inc.			
3. Principal Office Address 2956 Tower Hill Road			City Saunderstown	State RI	Zip 02874
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island <i>Real Estate Agent</i>			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond Lyons			Vice-President Name Raymond Lyons		
Street Address 2956 Tower Hill Road			Street Address 2956 Tower Hill Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Amanda Lyons			Treasurer Name Raymond Lyons		
Street Address 2956 Tower Hill Road			Street Address 2956 Tower Hill Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None.			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		PAR VALUE
			CLASS/SERIES		
			1,000	Common	No 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 Raymond Lyons				Date 2 17 2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov