RI SOS Filing Number: 202195211960 Date: 3/30/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

RECEIVED
R.I. DEPT. OF STATE

2021 MAR 30 P 2:11

1. Entity ID Number	2. Exact name of the Corporation			
000033566	R A C Distributors Inc.			
3. Principal Office Address		City	State	Zip
50 Niantic Ave		Providence	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423730	Purchase and Sell at wholesale and retail refrigeration, A/C, heating, ventilation parts and eqiupment.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Glenn M Amore			Vice-President Name: Scott S Amore		
Street Address: 50 Niantic Ave			Street Address: 50 Niantic Ave		
City: Providence	State: RI	Zip: 02907	City: Providenceq	State: RI	Zip: 02907
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
9000	CNP	0.00
1000	CNP	0.00

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	Date
Glenn M Amore	3/24/2021

Signature of Authorized Representative

FILED

MAR 30 2021

BY Dr Ck# 14116

2:11

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

FORM 630 - Revised: 08/2020