



RI SOS Filing Number: 202327864820 Date: 2/7/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 07 2023

BY 10731

FS

1. Entity ID Number 34326		2. Exact name of the Corporation R and F Enterprises, Inc			
3. Principal Office Address 2740 Hartford Ave.		City Johnston		State RI	Zip 02919
4. NAICS Code 423120		6. Brief description of the character of business conducted in Rhode Island Mechanical work, emissions testing and inspection of motor vehicles			
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 Ronald Fraraccio			Vice-President Name Ronald Fraraccio		
Street Address 9 Paradise Lane			Street Address 9 Paradise Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Ronald Fraraccio			Treasurer Name Ronald Fraraccio		
Street Address 9 Paradise Lane			Street Address 9 Paradise Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		Common		No Par	
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 RONALD FRARACCIO, PRESIDENT				Date 1/24/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov