



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023

FEB 14 2023

Corporation

BY 10638

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 47356		2. Exact name of the Corporation R.A.A., INC.			
3. Principal Office Address 141 Atwells Avenue			City Providence	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
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 Jamie E. Antignano			Vice-President Name Robert A. Antignano		
Street Address 141 Atwells Avenue			Street Address 141 Atwells Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Jamie E. Antignano			Treasurer Name Jamie E. Antignano		
Street Address 141 Atwells Avenue			Street Address 141 Atwells Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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		CLASS/SERIES	
		100		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 Jamie E. Antignano				Date 1/29/2023	
Signature of Authorized Representative <i>Jamie Antignano</i>					

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