



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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 02 2024

1142502

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 ☐					
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 ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		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 ✓ 01/28/2024	
Signature of Authorized Representative ✓ Jamie Antignano					

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 12/2023