



State of Rhode Island

Department of State - Business Services Division

FILED

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 08 2024

BY

1. Entity ID Number 000033566		2. Exact name of the Corporation R A C Distributors, Inc.			
3. Principal Office Address 50 Niantic Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 423730		6. Brief description of the character of business conducted in Rhode Island Purchase and sell at wholesale and retail refrigeration, A/C, heating, ventilation parts and equipment.			
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 GLENN M. AMORE			Vice-President Name SCOTT S. AMORE		
Street Address 50 Niantic Avenue			Street Address 50 Niantic Avenue		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name SCOTT S. AMORE			Treasurer Name GLENN M. AMORE		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GLENN M. AMORE			Director Name SCOTT S. AMORE		
Street Address 50 Niantic Avenue			Street Address 50 Niantic Avenue		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			9000	COMMON B	\$0.0000
			1000	COMMON A	\$0.0000
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 GLENN M. AMORE				Date 2-1-2024	
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

FORM 630 - Revised: 11/2021