



**State of Rhode Island
Department of State - Business Services Division**

FEB 29 2024
309 *RL*

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.

| | | | | | |
|--|-----------------|---|---|--------------------------|---------------------|
| 1. Entity ID Number 001679902 | | 2. Exact name of the Corporation RACC Properties, Inc. | | | |
| 3. Principal Office Address 2956 Tower Hill Road | | | City Saunderstown | State RI | Zip 02874 |
| 4. NAICS Code 531210 | | 6. Brief description of the character of business conducted in Rhode Island Real Estate Agent | | | |
| 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 Raymond Lyons | | | Vice-President Name Raymond Lyons | | |
| Street Address 2956 Tower Hill Road | | | Street Address 2956 Tower Hill Road | | |
| City Saunderstown | State RI | Zip 02874 | City Saunderstown | State RI | Zip 02874 |
| Secretary Name Amanda Lyons | | | Treasurer Name Raymond Lyons | | |
| Street Address 2956 Tower Hill Road | | | Street Address 2956 Tower Hill Road | | |
| City Saunderstown | State RI | Zip 02874 | City Saunderstown | State RI | Zip 02874 |
| 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 | | | 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 |
| | | | 1000 | | Common |
| | | | | | PAR VALUE |
| | | | | | No Par Value |
| 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 Raymond Lyons | | | | Date 2/12/2024 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
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