



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2025

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 106228		2. Exact name of the Corporation Racecar Jewelry Co. NAISS # 325998			
3. Principal office address 19 Mendon Ave			City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-475-5701			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island The design, manufacture and distribution of jewelry and other related products and services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daniel B. Grandi			Vice-President Name James N. Brousard-Grandi		
Street Address 19 Mendon Ave			Street Address 19 Mendon Ave		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Daniel B. Grandi			Treasurer Name Daniel B. Grandi		
Street Address 19 Mendon Ave			Street Address 19 Mendon Ave		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Daniel B Grandi			Director Name James N. Brousard-Grandi		
Street Address 19 Mendon Ave			Street Address 19 Mendon Ave		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No par value

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.

File Date _____

Check No _____

By: _____

FILED

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

JAN 13 2025

BY 14151
AR

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.

[Signature]
Signature of Authorized Representative

01/09/2025

Date

Print or Type Name of Authorized Representative

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25 JAN 13 PM 10:53:45