



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FILED

JAN 17 2025

BY 1113
EG

1. Entity ID Number 000017721		2. Exact name of the Corporation RAPP, INC.			
3. Principal Office Address PO BOX 9567, ROSENSTEIN HALPER & MASELLI			City PROVIDENCE	State RI	Zip 02940
4. NAICS Code 523920		6. Brief description of the character of business conducted in Rhode Island INVESTMENTS			
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 JAY ROSENSTEIN			Vice-President Name JAY ROSENSTEIN		
Street Address PO BOX 9567			Street Address PO BOX 9567		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Secretary Name JAY ROSENSTEIN			Treasurer Name JAY ROSENSTEIN		
Street Address PO BOX 9567			Street Address PO BOX 9567		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAY ROSENSTEIN			Director Name		
Street Address PO BOX 9567			Street Address		
City PROVIDENCE	State RI	Zip 02940	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		
			PAR VALUE		
1490			PREFERRED		100.0
1189			COMMON		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 JAY ROSENSTEIN					Date
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