

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

401.222.30

Filling Period: January 1 - March 1 • Filling Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00

subject to a penalty fee of \$25.0						
1. Corporate ID No. 161233	RAC Group	2. Name of Corporation RAC Group, Inc.				
3. Street Address Principal Business Office 50 Weybosset Street			Providence	State RI	<sup>Zip</sup> 02903	
4. Business Phone No. 5. State of Incorporation Rhode Island				•		
6. Brief Description of the Char Full service restaurant	racter of Business Conduc	sted in Rhode Island				
7. NAMES AND ADDRE President Name	SSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT)   FILL IN	SPACES BEFORE USIN	G ATTACHMENTS	
Rico Conforti			Abigail Cabral			
Street Address 672 Montgomery Street			Street Address 117 South Street			
City Fall River	State MA	<sup>Zip</sup> 02720	Gity Somerset	State MA	<i>Ζφ</i> 02726	
Secretary Name Rico Conforti			Treasurer Name Abigail Cabral			
Street Address 672 Montgomery Avenue			Street Address 117 South Street			
City Fall River	State MA	<sup>Zip</sup> 02720	City Somerset	State MA	<sub>Zip</sub> 02726	
8. NAMES AND ADDRE	SSES OF THE DIRE	CTORS: ("X" BOX FOR AT	_	N SPACES BEFORE USI	NG ATTACHMENTS	
None			None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name None			Director Name			
Street Address			None Street Address			
			Sireet Address		j	
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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	
			1000	Stk	.01	
This report must be executhis report must be executhis	uted on behalf of th	e corporation by an authorize corporation by the receiver	or trustee.			
		OCT 07 2011	Under penalty of pincluding any acc	perjury, I declare and affirm omnanying schedules and s	that I have examined this report tatements, and that all statements	
File Date	va	n.	coptained herein a	are true and correct.	10 - 1 · 11	
	1	01/28-0	Signatur	wy.	Date	
Check No.	$-/\sim$	9.153859	Abigail Cabi			
Ву:			Print or Type Name			
FOR SECRETARY O	F STATE USE ONLY		VICE Pres	General Manager	<u> </u>	
			THE		Form 630 Rev. 08/08	