



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 2014

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. 6906		2. Exact name of the Corporation RAB, Inc.								
3. Principal office address 2 Williams Street			City Providence	State RI	Zip 02903					
4. Business Phone No. 401-331-2222			5. State of Incorporation Rhode Island							
6. Brief description of the character of business conducted in Rhode Island Landscaping and gardening										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>										
President Name Ronald C. Williams			Vice-President Name Same							
Street Address 50 Echo Lane			Street Address							
City Cranston	State RI	Zip 02921	City	State	Zip					
Secretary Name Same			Treasurer Name Same							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>										
Director Name N/A			Director Name N/A							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Director Name N/A			Director Name N/A							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED										
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" 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		
						50	Common	No Par		

RECEIVED STATE SECRETARY OF STATE CORPORATION DIV
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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: _____
 FOR SECRETARY OF STATE USE ONLY

FILED ✓

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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.

Ronald C. Williams 1-23-2014
 Signature of Authorized Representative Date

Ronald C. Williams
 Print or Type Name of Authorized Representative

2-7