STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

iling Period: January 1 - March 1 ● Filing Fee: $50.00

FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 142648

2. Name of Corporation RAM PAYROLL, INC.

3. Street Address Principal Business Office 100 OAKLAND BEACH AVENUE

City WARWICK *State* RI *Zip* 02889

4. Business Phone No. 401-738-2424

5. State of Incorporation RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
PAYROLL SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name JOSE FERNANDES
Street Address 86 KIMBERLY LANE NORTH
City CRANSTON *State* RI *Zip* 02921

Vice President Name VICTOR BICA JR.
Street Address 217 ARMSTRONG AVENUE
City WARWICK *State* RI *Zip* 02889

Secretary Name JOSE FERNANDES
Street Address
City *State* *Zip*

Treasurer Name VICTOR BICA JR.
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name JOSE FERNANDES
Street Address
City *State* *Zip*

Director Name VICTOR BICA JR.
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000 NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
600	COMMON	NO PAR

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 4 2 6 4 8

FILED
File Date JAN 16 2008
Check No. By 1016
By:
FOR SECRETARY OF STATE USE ONLY

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 of Officer *Date* 1-11-08

JOSE FERNANDES
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01