State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2009

Filing Period: January 1 - March 1 • Filing 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.*

1. Corporate ID No.	2. Name of Corporation
112676	RAMSCORP

3. Street Address Principal Business Office	City	State	Zip
145 DAVIS STREET	REHOBOTH	MA	02769

4. Business Phone No.	5. State of Incorporation
(508) 379-0303	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDING PAINITNG AND FIREPROOFING SERVICES

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

President Name	Vice President Name
GARY RAMSDEN	NONE
Street Address	Street Address
145 DAVIS STREET, REHOBOTH, MA 02769	
City / State / Zip	City / State / Zip
REHOBOTH / MA / 02769	
Secretary Name	Treasurer Name
GARY RAMSDEN	GARY RAMSDEN
Street Address	Street Address
145 DAVIS STREET, REHOBOTH, MA 02769	145 DAVIS STREET, REHOBOTH, MA 02769
City / State / Zip	City / State / Zip
REHOBOTH / MA / 02769	REHOBOTH / MA / 02769

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

Director Name	Director Name
GARY RAMSDEN	
Street Address	Street Address
145 DAVIS STREET, REHOBOTH, MA 02769	
City / State / Zip	City / State / Zip
REHOBOTH / MA / 02769	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR

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.

[redacted]

[redacted]

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.

Gary Ramsden — 1-30-09
Signature *Date*

GARY RAMSDEN
Print or Type Name

[redacted] PRESIDENT
Title

File Date 2-19-09
Check No. 09084
By: MNC

FOR SECRETARY OF STATE USE ONLY