



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 2010**

**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. 112676		2. Name of Corporation RAMSCORP			
3. Street Address Principal Business Office 145 DAVIS STREET			City REHOBOTH	State MA	Zip 02769
4. Business Phone No. (508) 379-0303		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING PAINTING AND FIREPROOFING SERVICES.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GARY RAMSDEN			Vice President Name NONE		
Street Address 145 DAVIS STREET			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Secretary Name GARY RAMSDEN			Treasurer Name GARY RAMSDEN		
Street Address 145 DAVIS STREET			Street Address 145 DAVIS STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GARY RAMSDEN			Director Name		
Street Address 145 DAVIS STREET			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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.			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
			Number of Shares 1,000	Class/Series COMMON	Par Value NO PAR VALUE

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	<b>FILED</b>
Check No.	<b>MAR 23 2010</b>
By:	<u>11/87</u>
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.

Gary Ramsden 3-16-10  
Signature Date

**GARY RAMSDEN**  
Print or Type Name

**PRESIDENT**  
Title