



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 2016

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. 125894		2. Exact name of the Corporation RMT Automotive, Inc.			
3. Principal office address 593 Metacom Avenue			City Warren	State RI	Zip 02885
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Operate an automotive repair shop					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name John Moore			Vice-President Name None		
Street Address 6 Meadowlark Drive			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name John Moore			Treasurer Name John Moore		
Street Address 6 Meadowlark Drive			Street Address 6 Meadowlark Drive		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name John Moore			Director Name None		
Street Address 6 Meadowlark Drive			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			100	Common	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 _____

Check No _____

By _____

FOR SECRETARY OF STATE USE ONLY

FILED

APR 04 2016

BY 8056105

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 Authorized Representative

Date

John Moore, President

Print or Type Name of Authorized Representative