(T) Hiope	State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 2. Exact name of the Limi			• •				
136633	RMS SALES, LLC						
3. NAICS Code	4. Brief descr	ription of the char	acter of business conducted in	Rhode Island			
31-33 - Manufacturing MANUFACTURING, SAL			LES, DISTRIBUTING				
5. State of Formation]						
Rhode Island							
6. Principal Office Address	<u>, </u>		City	State	Zip		
21 Douglas Avenue			Provdience	RI	02908		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Richard F. Sq	uizzero		Contact Title Manager				
Street Address 124 Hyde Stre	et		City Cranston	State RI	^{Zip} 02920		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Richard F. Squiz	zero		Manager Name				
Street Address 124 Hyde Street		· •	Street Address				
City Cranston	State RI	Zip 02920	City	State	Zip		
Manager Name	-		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person			Date				
Richard F. Squizzero				9/19/	//		
Signature of Authorized Person							
RAMW SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov



FORM 632 - Revised: 08/2016