



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 17494		2. Exact name of the Corporation RAMEC. INC.	
3. Principal Office Address 420 DRY BRIDGE RD		City N KINGSTOWN	State RI
		Zip 02852	
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island SALES SERVICE, REPAIRS OF INDUSTRIAL COMMERCIAL MACHINERY		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ALAN MARSLAND		Vice-President Name ANNE MARIE GIZZARELLI	
Street Address 32 RIDGE DR		Street Address 234 RIDGE DR	
City EXETER	State RI	City EXETER	State RI
Zip 02822		Zip 02822	
Secretary Name ANNE MARIE GIZZARELLI		Treasurer Name ALAN MARSLAND	
Street Address 234 RIDGE DR		Street Address 32 RIDGE DR	
City EXETER	State RI	City EXETER	State RI
Zip 02822		Zip 02822	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ALAN MARSLAND		Director Name ANNE MARIE GIZZARELLI	
Street Address 32 RIDGE DR		Street Address 234 RIDGE DR	
City EXETER	State RI	City EXETER	State RI
Zip 02822		Zip 02822	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		500	COMMON
			NO PAR
11. 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. <i>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.</i>			
Name of Authorized Representative ALAN MARSLAND		Date 2/19/17	
Signature of Authorized Representative 		FILED FEB 17 2017 63694	

MAIL TO:
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