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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: 2017 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.

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| 1. Entity ID Number <b>797664</b>                       |                     | 2. Exact name of the Limited Liability Company RAMZ Associates, LLC                                   |                                     |                            |                             |  |  |
|---|---------------------|---|-------------------------------------|----------------------------|-----------------------------|--|--|
| 3. NAICS Code<br>531390                                 | 4. Brief des        | 4. Brief description of the character of business conducted in Rhode Island  OWNERSHIP OF REAL ESTATE |                                     |                            |                             |  |  |
| 5. State of Formation Rhode Island                      |                     |   |                                     |                            |                             |  |  |
| 6. Principal Office Address 91 Toll Gate Road           |                     |   | City<br>Warwick                     | State<br>RI                | Zip<br>02886                |  |  |
| 7. Mailing Address of Limite                            | d Liability Compa   | ny and Name o   | r Title of Contact Person           |                            |                             |  |  |
| Contact Name James V. O'Sullivan                        |                     |   | Contact Title Member                | Contact Title Member       |                             |  |  |
| Street Address 91 Toll Gate Road                        |                     |   | <sup>City</sup> Warwick             | State RI                   | <sup>Zip</sup> <b>02886</b> |  |  |
| 8. List ALL managers (nam-                              | es and addresses    | s) of the Limited   | Liability Company, IF APPLICA       | BLE - DO NOT LIST I        | MEMBERS                     |  |  |
| Manager Name  |                     |   | Manager Name                        |                            |                             |  |  |
| Street Address  |                     |   | Street Address                      | Street Address             |                             |  |  |
| City  | State               | Zip   | City                                | State                      | Zip                         |  |  |
| Manager Name  |                     |   | Manager Name                        | Manager Name               |                             |  |  |
| Street Address  |                     |   | Street Address                      | Street Address             |                             |  |  |
| City  | State               | Zip   | City                                | State                      | Zip                         |  |  |
|   |                     | l   |                                     | Check the box to           | ndicate an attachment       |  |  |
| 9 Resident Agent in Rhode                               | Island. This inform | nation is currently   | of record with the Department of St | ate. Changes require filir | ng Form 642.                |  |  |
| Under penalty of perjury,<br>statements, and that all s | l declare and aff   | irm that I have   | examined this report, including     | ng any accompanyin         | g schedules and             |  |  |
| Name of Authorized Person                               |                     |   |                                     | Date 11-06-2017            |                             |  |  |
| James V. O'Sullivan                                     |                     |   |                                     | 110                        |                             |  |  |
| Signature of Authorized Per                             | to home             |   | N DOCUMENT HERE                     |                            |                             |  |  |
|   | PARTUER             |   |                                     |                            |                             |  |  |

MAIL TO:

**Division of Business Services** 

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

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