RI SOS Filing Number: 201857133880 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018

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	2. Exact name of the Corporation		
45901	R.M. ASSOCIATES, INC.		
3. Principal Office Address	City	State	Zip
410 TIOGUE AVENUE	COVENTRY	RI	02816
4. NAICS Code: 531120	6. Brief description of the character of business conducted in Rhode Island: OWNERSHIP AND MANAGEMENT OF REAL ESTATE		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ANGELO M. RAIMONDI			Vice-President Name: ANGELO M. RAIMONDI		
Street Address: 489 ROCKY HILL ROAD			Street Address: 489 ROCKY HILL ROAD		
City: NORTH SCITUATE	State: RI	Zip: 02857	City: NORTH SCITUATE	State: RI	Zip: 02857
Secretary Name: JENNIFER RAIMONDI			Treasurer Name: ANGELO M. RAIMONDI		
Street Address: 489 ROCKY HILL ROAD			Street Address: 489 ROCKY HILL ROAD		
City: NORTH SCITUATE	State: RI	Zip: 02857	City: NORTH SCITUATE	State: RI	Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name: NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: NONE			Director Name: NONE		
Street Address			Street Address		
City	State	Zip	City	State	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR VALUE

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.

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 Representative	Date
ANGELO M. RAIMONDI, PRESIDENT	1/25/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

JAN 29 2018

BY 2098 DS

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 630 - Revised: 10/2017