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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2016 FEB 21 PH 2: 02

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						
128367	RAMBONE AUTOMOTIVE, INC.						
Principal Office Address			City		State	Zip	
442 Providence Street			West Warv	vick	RI	02893	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
811111	Repair & recondition autos, automotive & mechanical products & other personal property, buy,						
5. State of Incorporation	sell & deal in automotive & mechanical parts.						
RHODE ISLAND							
7. List ALL officers (names and	d addresses)			Check	the box to i	ndicate an attachment	
President Name Michael Ramb	Vice-President Name						
Street Address 442 Providence	Street Address						
City West Warwick	State RI	^{Zip} 02893	City		State	Zıp	
Secretary Name Michael Rambone			Treasurer Name Michael Rambone				
Street Address 442 Providence Street			Street Address 442 Providence Street				
City West Warwick	State RI	Z ^{IP} 02893	City West Warwick		State RI	^{Zip} 02893	
8. List ALL directors (names ar	nd addresses)	<u> </u>			the box to	indicate an attachment 🔲	
Director Name Michael Rambo	one		Director Name	8			
Street Address 442 Providence Street			Street Address				
City West Warwick	State RI	Zip 02893	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE mmon Stock No Par Value		
		1,000			ck	No Par Value	
11. This report must be execut	ed on behalf of the	corporation by an	authorized repre	I sentative. If the coro	oration is in	the hands of a receiver or	
trustee, this report must be ex-	ecuted on behalf o	f the corporation by	the receiver or to	rustee.			
Under penalty of perjury, I destatements, and that all state				including any accor	npanying s	chedules and	
Name of Authorized Representative					Date	· · · · · · · · · · · · · · · · · · ·	
MICHAEL RAMBONE, Presid	<u>Eu</u>	EUC D 2/31/18					
Signature of Authorized Repre	sentative	SIGN DO	CUMENT HERE	בט		-	
Lu-C	you and		FEB 2	1 2018			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 324862 KM

FORM 630 - Revised: 10/2017