

State of Rhode Island and Providence Plantations

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

Annual Report for the year: 2018 Corporation

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2016 FEB 21 PK 2: 02

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe							
1. Entity ID Number 128367	2. Exact name of the Corporation  RAMBONE AUTOMOTIVE, INC.						
3. Principal Office Address			City		State	Zip	
442 Providence Street			West Warw	/ick	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 add	lresses)			Check th	ne box to in	dicate an attachment	
President Name Michael Rambone			Vice-President Name				
Street Address 442 Providence Street	Street Address						
City West Warwick	State RI	<sup>Zip</sup> 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	Zip 02893	City West Warwick		State RI	<sup>Zip</sup> 02893	
8. List ALL directors (names and ac	dresses)		1	Check tl	he box to in	idicate an attachment	
Director Name Michael Rambone			Director Name	Director Name			
Street Address 442 Providence Street			Street Address				
City West Warwick	State RI	Zip <b>02893</b>	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9. Shares Authorized This information is currently of record in the		10. Shares Issued		Check the box to indicate an attachment  CLASS/SERIES PAR VALUE			
Department of State.  Changes require an additional filing.		1,000				No Par Value	
11. This report must be executed o trustee, this report must be execute					ation is in t	he hands of a receiver or	
Under penalty of perjury, I declar	re and affirm th	at I have examin	ed this report, i		panying so	hedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
MICHAEL RAMBONE, President					1	1/31/18	
Signature of Authorized Represent	ative	SIGN DO	CUMENT HÉRE	בט	<del></del>	, , ,	
Tull	/h./		FEB 2	1-2012	<u> </u>		

MAIL TO:

**Division of Business Services** 

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

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