RI SOS Filing Number: 201923978780 Date: 10/9/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|----------------|----------------------|
| 125452 | R.A.M. Mechanical, LLC | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 238220 | Heating and air conditioning business | | | | |
| 5. State of Formation | 7 | | | | |
| Rhode Island | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 72 Northbriar Drive | | | North Kingstown | RI | 02852 |
| 7. Mailing Address of Limited L | | any and Name or | | | |
| Contact Name Jeffrey P. Wilkinson | | | Contact Title Member | | |
| Street Address 72 Northbriar Drive | | | City North Kingstown | State RI | ^{Zip} 02852 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| Under penalty of perjury, I de statements, and that all state | clare and aft ments conta | firm that I have e ined herein are | examined this report, including a true and correct. | ny accompanyin | g schedules and |
| Name of Authorized Person Date | | | | | |
| Jeffrey P. Wilkinson , 2019 | | | | | |
| Signature of Authorized Rerson SIGN DOCUMENT HERE | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 10/2017