

FILED STAMP

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BY

Annual Report for the year:	2020
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 000136633	2. Exact name of the Limited Liability Company RMS SALES, LLC					
3. NAICS Code 339999	Brief description of the character of business conducted in Rhode Island     MANUFACTURING, SALES, DISTRIBUTING					
5. State of Formation Rhode Island						
6. Principal Office Address 815 Reservoir Avenue			City Cranston	State RI	Zip 02910	
7. Mailing Address of Limited Lia	bility Company	y and Name or Titl	e of Contact Person	·	•	
Contact Name Richard F. Squizzero			Contact Title Manager			
Street Address 124 Hyde Street			City Cranston	State RI	Z <sub>1</sub> p 02920	
8. List ALL managers (names ar	nd addresses)	of the Limited Lial	oility Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager Name Richard F. Squizzero			Manager Name			
Street Address 124 Hyde Street			Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>		1	Check the box to i	ndicate an attachment	
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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 Person				Date /		
Richard F. Squizzero			10/,	10/12/20		
Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 

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

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