



State of Rhode Island
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.

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 BUS SVCS DIV

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1. Entity ID Number 116399		2. Exact name of the Limited Liability Company M R M MATERIALS			
3. NAICS Code 238990		4. Brief description of the character of business conducted in Rhode Island CONSTRUCTION			
5. State of Formation RI					
6. Principal Office Address 1400 ELMWOOD AVE		City CRANSTON	State RI	Zip 02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JAMES DELBUONO			Contact Title OWNER		
Street Address 1400 ELMWOOD AVE		City CRANSTON	State RI	Zip 02910	
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 <input type="checkbox"/>					
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 JANISS DELBUONO				Date 1-21-21	
Signature of Authorized Person <i>Janiss DelBuono</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY *[Signature]* **IN9FS**