



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

FILED

FEB 04 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 2426

1. Entity ID Number 000045901	2. Exact name of the Corporation R.M. ASSOCIATES, INC.
----------------------------------	---

3. Principal Office Address 410 TIOGUE AVENUE	City COVENTRY	State RI	Zip 02816
--	------------------	-------------	--------------

4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF REAL ESTATE
5. State of Incorporation RHODE ISLAND	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANGELO M. RAIMONDI			Vice-President Name ANGELO M. RAIMONDI		
Street Address 489 ROCKY HILL ROAD			Street Address 489 ROCKY HILL ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name JENNIFER RAIMONDI			Treasurer Name ANGELO M. RAIMONDI		
Street Address 489 ROCKY HILL ROAD			Street Address 489 ROCKY HILL ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	COMMON	no par value

11 This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative ANGELO M. RAIMONDI	Date 1/26/21
---	-----------------

Signature of Authorized Representative

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