RI SOS Filing Number: 202193678440 Date: 3/5/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period. January 1 - March 1

→ Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Penaity: Additional \$25 Entity ID Number				1007 = 5 P 7: 07			
128367		2. Exact name of the Corporation RAMBONE AUTOMOTIVE, INC.					
3. Principal Office Address			City		State	Zip	
442 Providence Street			West Warwick		RI	02893	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
811111	Repair & re	Repair & recondition autos, automotive & mechanical products & other personal property, buy, sell &					
5. State of incorporation		deal in automotive & mechanical parts.					
RHODE ISLAND			•				
7. List ALL officers (names an	d addresses)	<u>. </u>		C	heck the box to i	ndicate an attachment	
President Name Michael Ramh	Vice-President Name						
Street Address 442 Providence	Street Address						
City West Warwick	State RI	Zip 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 W	arwick	State RI	Zip 02893	
8. List ALL directors (names a	and addresses)		<u> </u>	С	heck the box to i	ndicate an attachment	
Director Name Michael Rambone			Director Name				
Street Address 442 Providence Street			Street Address				
City West Warwick	State RI	Zip 02893	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Iss	sued	· C	heck the box to i	ndicate an attachment 🔲	
This information is currently of record in the Department of State.		NUMBER O		CLASS/SERIES PAR VALUE			
		1,000		Common	Stock	No Par Value	
Changes require an additional t	niing.						
11. This report must be execu	ted on behalf of the	corporation by an	authorized repres	sentative. If the	corporation is in	the hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I d					ccompanying s	chedules and	
Statements, and that all stat		herein are true ar	nd correct.		In-		
Name of Authorized Representative MICHAEL RAMBONE, President						Date	
					02/18/2021		
Signature of Authorized Repre	esentative	2	£u	ED C			
			LIF	ED —			

MAIL TO: **Division of Business Services**

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

Phone: (401) 222-3040 Website: www.sos ri.gov MAR 0 5 2021

BY Ch 24428

FORM 630 - Revised: 08/2020