



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

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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

1. Entity ID Number 128367		2. Exact name of the Corporation RAMBONE AUTOMOTIVE, INC.				2021 MAR - 5 P 2:07	
3. Principal Office Address 442 Providence Street			City West Warwick		State RI	Zip 02893	
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Repair & recondition autos, automotive & mechanical products & other personal property, buy, sell & deal in automotive & mechanical parts.					
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 Michael Rambone			Vice-President Name				
Street Address 442 Providence Street			Street Address				
City West Warwick	State RI	Zip 02893	City	State	Zip		
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 Warwick	State RI	Zip 02893		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
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	Zip		
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
			1,000	Common Stock	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 MICHAEL RAMBONE, President					Date 02/18/2021		
Signature of Authorized Representative 							

FILED

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 05 2021

BY CA 24428
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FORM 630 - Revised: 08/2020