



State of Rhode Island

Department of State - Business Services Division

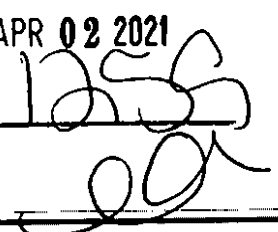
FILED

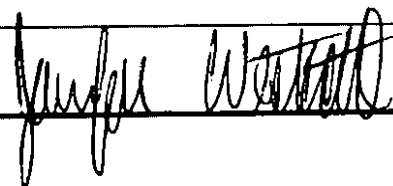
APR 02 2021

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.

BY 

1. Entity ID Number 001665995		2. Exact name of the Corporation RI Remote Controllers Incorporated												
3. Principal Office Address 730 Kingstown Road, Suite B2			City Wakefield	State RI	Zip 02879									
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island Bookkeeping and accounting services.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Robert J Eldridge			Vice-President Name											
Street Address 730 Kingstown Road, Suite B2			Street Address											
City Wakefield	State RI	Zip 02879	City	State	Zip									
Secretary Name Jennifer M Westcott			Treasurer Name											
Street Address 730 Kingstown Road, Suite B2			Street Address											
City Wakefield	State RI	Zip 02879	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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			10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	CNP	0.00			
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500	CNP	0.00												
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 Jennifer Westcott					Date 03/25/2021									
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.ri.gov