RI SOS Filing Number: 202195438510 Date: 4/2/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 02 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation		
001665995	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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PER VALUE
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	Date
Jennifer Westcott	03/25/2021

Signature of Authorized Representative: Jennifer Westcott

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

FORM 630 - Revised: 08/2020