RI SOS Filing Number: 202195773710 Date: 4/15/2021 11:22:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

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
001669275	HRM ENTERPRISES, INC

3. Principal Office Address	City	State	Zip
7 WHITE ST	WESTERLY	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541330	TO ENGAGE IN GENERAL ENGINEERING TO MAKE, CONDUCT AND SUPERVISE RESEARCH, SURVEYS AND INVESTIGATIONS INTO ALL MATTERS AND THINGS IN THE FIELDS OF SCIENCE AND TECHNOLOGY.
5. State of Incorporation: DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ROBERT ZERBARINI			Vice-President Name:		
Street Address: 41 BREACH DRIVE			Street Address:		
City: WESTERLY	State: RI	Zip: 02891	City:	State:	Zip:
Secretary Name: RICHARD ZERBARINI			Treasurer Name: RICHARD ZERBARINI		
Street Address: 7 WHITE ST			Street Address: 7 WHITE ST		
City: WESTERLY	State: RI	Zip: 02891	City: WESTERLY	State: RI	Zip: 02891

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: ROBERT ZERBARINI			Director Name: RICHARD ZERBARINI		
Street Address: 41 BREACH DRIVE			Street Address: 7 WHITE ST		
City: WESTERLY	State: RI	Zip: 02891	City: WESTERLY	State: RI	Zip: 02891
Director Name: PAUL ZERBARINI			Director Name:		
Street Address: 3 LINDEN ST			Street Address:		
City: WESTERLY	State: RI	Zip: 02891	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	PAR VALUE
500	CNP	0.000

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
ROBERT ZERBARINI	

Signature of Authorized Representative: Robert Zerbarini

RECEIVED STATE OF R.I. DEPT. OF BUS. SERVS. DIV. 2021 APR 15 AM 11:22

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

FILED
APR 15 2021
BY BDH48
AA. 11:22AM

FORM 630 - Revised: 08/2020