



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2019**  
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

2021 JUL 26 AM 11:55

1. Entity ID Number <b>000967710</b>		2. Exact name of the Corporation <b>RM &amp; SON COMPANY INC</b>	
3. Principal Office Address <b>278 VEAZIE ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	
4. NAICS Code <b>238390</b>	6. Brief description of the character of business conducted in Rhode Island <b>RSIDENTIAL DOOR INSTALLATION</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>RENE SUAREZ</b>		Vice-President Name <b>RENE SUAREZ</b>	
Street Address <b>278 VEAZIE ST</b>		Street Address <b>278 VEAZIE ST</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name <b>RENE SUAREZ</b>		Treasurer Name <b>RENE SUAREZ</b>	
Street Address <b>278 VEAZIE ST</b>		Street Address <b>278 VEAZIE ST</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>400</b>	<b>COMMON</b>
			<b>NO PAR</b>
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. <b>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.</b>			
Name of Authorized Representative <b>RODRIGO J BETANCUR</b>		Date <b>07-26-2021</b>	
Signature of Authorized Representative <i>Rodrigo J Betancur</i>		<b>FILED</b>	

JUL 26 2021

BY *PR DBG*  
11:56