RI SOS Filing Number: 202102446920 Date: 9/29/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

2021

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Annual	Report for	or the	year:
Limited	Liability	Comp	any

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
118730	RAMBO	RAMBONE BROS.,LLC				
3. NAICS Code 5. State of Formation RI			character of business conducted in AVATION, AND DISPOSAL S			
6. Principal Office Address			City	State	Zip	
2153R.PLAINFIELD PIKE			JOHNSTON	RI	02919	
7. Mailing Address of Limited L	Liability Compa	any and Name or	r Title of Contact Person			
Contact Name ANTHONY RAI	MBONE		Contact Title MEMBER	Contact Title MEMBER		
Street Address 2153R. PLAINFIELD PIKE		City JOHNSTON	State RI	^{Zip} 02919		
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICABI	LE - DO NOT LIST	MEMBERS	
Manager Name		Manager Name	Manager Name			
Street Address		Street Address	Street Address			
City	State	Zip	City	State	Zip	
Manager Name		Manager Name				
Street Address		Street Address				
City	State	Zip	City	State	Zıp	
-				Check the box to i	indicate an attachment	
9. The Resident Agent informa	ition currently	of record with the	e RI Department of State is accur	ate. Changes requir	e filing Form 642.	
Under penalty of perjury, I destatements, and that all state			examined this report, including true and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
ANTHONY RAMBONE			9-21	-21		
Signature of Authorized Person	^ ^	rone.	,			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov