



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 24 2022

37-2534 OS

1. Entity ID Number 000045901		2. Exact name of the Corporation R.M. ASSOCIATES, INC.	
3. Principal Office Address 410 TIOGUE AVENUE		City COVENTRY	State RI
		Zip 02816	
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF REAL ESTATE		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANGELO M. RAIMONDI		Vice-President Name ANGELO M. RAIMONDI	
Street Address 489 ROCKY HILL ROAD		Street Address 489 ROCKY HILL ROAD	
City NORTH SCITUATE	State RI	City NORTH SCITUATE	State RI
Zip 02857		Zip 02857	
Secretary Name JENNIFER RAIMONDI		Treasurer Name ANGELO M. RAIMONDI	
Street Address 489 ROCKY HILL ROAD		Street Address 489 ROCKY HILL ROAD	
City NORTH SCITUATE	State RI	City NORTH SCITUATE	State RI
Zip 02857		Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		200	COMMON
			no par value
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 ANGELO M. RAIMONDI		Date 2/22/22	
Signature of Authorized Representative <i>Angelo M. Raimondi</i>			