



State of Rhode Island

## Department of State - Business Services Division

FILED

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.

BY

 APR 05 2022  
 10528  
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1. Entity ID Number 000021297		2. Exact name of the Corporation RAMTEL CORPORATION												
3. Principal Office Address 115 RAILROAD AVENUE			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 334419		6. Brief description of the character of business conducted in Rhode Island DESIGN & FABRICATION OF ELECTRONIC INSTRUMENTS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name ROBERT A. MOIO, SR.			Vice-President Name ROBERT A. MOIO, JR.											
Street Address 115 RAILROAD AVENUE			Street Address 115 RAILROAD AVENUE											
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919									
Secretary Name ELEANOR KELLEY			Treasurer Name ELEANOR KELLEY											
Street Address 115 RAILROAD AVENUE			Street Address 115 RAILROAD AVENUE											
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919									
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	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	0.00			
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			1000	COMMON	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. <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 ROBERT A. MOIO, SR.				Date 2-1-22										
Signature of Authorized Representative <i>Robert A. Moio</i>														

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov