



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

MAR 02 2023

BY 3747

1. Entity ID Number <u>17491</u>		2. Exact name of the Corporation Ramco, Inc.												
3. Principal Office Address 205 Hallene Road		City Warwick		State RI	Zip 02886									
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacture/sale promotional products												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Peter F. Holmes		Vice-President Name Peter F. Holmes												
Street Address 205 Hallene Road		Street Address 205 Hallene Road												
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
Secretary Name Peter F. Holmes		Treasurer Name Peter F. Holmes												
Street Address 205 Hallene Road		Street Address 205 Hallene Road												
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Peter F. Holmes		Director Name												
Street Address 205 Hallene Road		Street Address												
City Warwick	State RI	Zip 02886	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 Check the box to indicate an attachment ☐												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>200</td><td>common</td><td>none</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	common	none			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	common	none												
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 Peter F. Holmes, President					Date <u>2-17-23</u>									
Signature of Authorized Representative <u>Peter F. Holmes</u>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023