



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**

JUN 01 2023

BY *[Signature]*

1. Entity ID Number <b>525676</b>	2. Exact name of the Corporation <b>R.M.T. CONSTRUCTION, INC.</b>
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3. Principal Office Address <b>6 BUFFALO AVENUE</b>	City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>
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4. NAICS Code <b>236118</b>	6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION AND RESIDENTIAL REMODELING</b>
5. State of Incorporation <b>RHODE ISLAND</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>RICHARD TIPLADY</b>			Vice-President Name <b>SAME</b>		
Street Address <b>6 BUFFALO AVENUE</b>			Street Address		
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RICHARD TIPLADY</b>			Director Name		
Street Address <b>6 BUFFALO AVENUE</b>			Street Address		
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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>100</b>	<b>COMMON</b>	<b>NPV</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.  
 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 <b>RICHARD TIPLADY</b>	Date <b>05/22/2023</b>
Signature of Authorized Representative <i>[Signature]</i>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov