



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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 14 2024

2710

1. Entity ID Number <b>000045901</b>		2. Exact name of the Corporation <b>R.M. ASSOCIATES, INC.</b>												
3. Principal Office Address <b>410 TIOGUE AVENUE</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>									
4. NAICS Code <b>531120</b>		6. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP &amp; MANAGEMENT OF REAL ESTATE</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>ANGELO M. RAIMONDI</b>			Vice-President Name <b>ANGELO M. RAIMONDI</b>											
Street Address <b>489 ROCKY HILL ROAD</b>			Street Address <b>489 ROCKY HILL ROAD</b>											
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>									
Secretary Name <b>JENNIFER RAIMONDI</b>			Treasurer Name <b>ANGELO M. RAIMONDI</b>											
Street Address <b>5 WILBER AVENUE</b>			Street Address <b>489 ROCKY HILL ROAD</b>											
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>									
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>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
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.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>200</b></td> <td><b>COMMON</b></td> <td><b>NO PAR VALUE</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</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. <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 <b>ANGELO M. RAIMONDI</b>					Date									
Signature of Authorized Representative <i>Angelo M. Raimondi</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