



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

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(Handwritten mark)

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 & 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	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857	
Secretary Name JENNIFER RAIMONDI			Treasurer Name ANGELO M. RAIMONDI			
Street Address 5 WILBER AVENUE			Street Address 489 ROCKY HILL ROAD			
City WARREN	State RI	Zip 02885	City NORTH SCITUATE	State RI	Zip 02857	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		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	
Signature of Authorized Representative <i>Angelo M Raimondi</i>						

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov