RI SOS Filing Number: 202447183690 Date: 2/23/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division					FILED		
					FEB 2 3 2024		
Annual Report for the year: Corporation					BY	4/10/	
Filing period: February 1 - May 1 Filing Fee: \$50.00 Populty: Agrithmal \$25.00 fee if form a political by May 31							
Penalty: Additional \$25.00 fee of form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation 2. Exact name of the Corporation 2. Exact name of the Corporation 3. Exact name of the Corporation							
001719162	RMEC INCORPORATED						
3. Principa, Office Address (State	Zip	
357 BUXTON STREET			NORTH SMITHFIELD RI 02896				
4 NAICS Code	6 Brief description of the character of ousiness conducted in Rhode Island						
238210 5. State of Incorporation	TO PROVIDE ELECTRICAL CONTRACTING SERVICES						
RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
Prosider! Name ROLAND MENARD				Vice-President Name			
Stree: Address 357 BUXTON STREET			Street Address				
NORTH SMITHFIELD		^{Z-p} 02896	C :y		State	Zip	
Secretary Nanic			Freasurer Name				
Street Andress			Street Address				
Chý	State	Zip	C ty		State	Zıp	
],,	<u> </u>			
8. List At.L directors (names and a Director Name			Director Na		box to indi	cate an attachment 🗀	
ROLAND MENARD-			Street Address				
357 BUXTON STREET							
City NORTH SMITHFIELD	State RI	^{Z-p} 02896	City		State	2∙2	
Director Name	Director Name						
Street Address			Street Accress				
C :y	State	Zρ	C ty		State	Zip	
9. Shares Authorized	_ <u> </u>	10. Shares Issu				icate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		1000		COMMO NO PAR VALUE		NO PAR	
						7710	
11. This report must be executed on behalf of the corporation by an authorized representative, if the corporation is in the hands of a re-							
ceiver 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 Date							
ROLAND MENARD						2/20/2024	
Signature of Authorized Bennand hat the							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615. Phone: (401) 222-3040.

Website: www.sosin gov