State of Rhode Island

Department of State - Business Services Division

FILED

FEB 2 3 2024

BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
001719162	RMEC INCORPORATED			
3. Principal Office Address		City	State	Zip
357 BUXTON STREET		NORTH SMITHFIELD	RI	02896
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238210	TO PROVIDE ELECTRICAL CONTRACTING SERVICES			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
ROLAND MENARD					
Street Address			Street Address		
357 BUXTON STREET					
City	State	Zip	City	State	Zip
NORTH SMITHFIELD	RI	02896			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
ROLAND MENARD					
Street Address			Street Address		
357 BUXTON STREET					
City	State	Zip	City	State	Zip
NORTH SMITHFIELD	RI	02896			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	COMMO	NO PAR
Changes require an additional filing.			

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	Date
ROLAND MENARD	02/20/2024

Signature of Authorized Representative

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