



State of Rhode Island
Department of State - Business Services Division

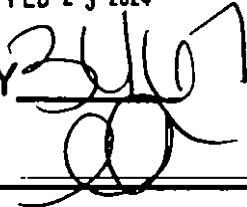
Annual Report for the year: 2024

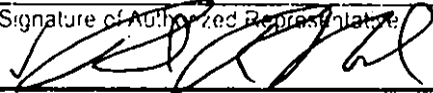
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 23 2024

BY 

1. Entity ID Number 001719162		2. Exact name of the Corporation RMEC INCORPORATED			
3. Principal Office Address 357 BUXTON STREET			City NORTH SMITHFIELD	State RI	Zip 02896
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island 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 ROLAND MENARD			Vice-President Name		
Street Address 357 BUXTON STREET			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
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 ROLAND MENARD			Director Name		
Street Address 357 BUXTON STREET			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	COMMO	NO PAR
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 ROLAND MENARD					Date 1/02/20/2024
Signature of Authorized Representative 					

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