



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

MAY 23 2024

BY 2500

DS

1. Entity ID Number 525676		2. Exact name of the Corporation R.M.T. CONSTRUCTION, INC.												
3. Principal Office Address 6 BUFFALO AVENUE			City WARREN	State RI	Zip 02885									
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND RESIDENTIAL REMODELING												
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 RICHARD TIPLADY			Vice-President Name SAME											
Street Address 6 BUFFALO AVENUE			Street Address											
City WARREN	State RI	Zip 02885	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name RICHARD TIPLADY			Director Name											
Street Address 6 BUFFALO AVENUE			Street Address											
City WARREN	State RI	Zip 02885	City	State	Zip									
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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NPV			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	COMMON	NPV												
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 RICHARD TIPLADY					Date 01/02/2024									
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