



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 FIELD STAMP
 FEB 14 2025
 BY 11013 *a*

1. Entity ID Number 125894		2. Exact name of the Corporation RMT Automotive, Inc.			
3. Principal Office Address 593 Metacom Avenue			City Warren	State RI	Zip 02885
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Operate an automotive repair shop			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Moore			Vice-President Name None		
Street Address 6 Meadowlark Drive			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name John Moore			Treasurer Name John Moore		
Street Address 6 Meadowlark Drive			Street Address 6 Meadowlark Drive		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Moore			Director Name None		
Street Address 6 Meadowlark Drive			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 John Moore				Date 6/20/25	
Signature of Authorized Representative 					

 MAIL TO:
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 Website: www.sos.ri.gov