



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.

FILED

FEB 24 2025

BY

1. Entity ID Number 001724989		2. Exact name of the Corporation RPM HOME, INC.			
3. Principal Office Address 181 Old Post Road			City Southport	State CT	Zip 06890
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island general contractor			
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 Ryan P. Moran			Vice-President Name		
Street Address 185 Pine Creek Avenue			Street Address		
City Fairfield	State CT	Zip 06824	City	State	Zip
Secretary Name Ryan P. Moran			Treasurer Name Ryan P. Moran		
Street Address 185 Pine Creek Avenue			Street Address 185 Pine Creek Avenue		
City Fairfield	State CT	Zip 06824	City Fairfield	State CT	Zip 06824
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Ryan P. Moran			Director Name		
Street Address 185 Pine Creek Avenue			Street Address		
City Fairfield	State CT	Zip 06824	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City -	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 RYAN P. MORAN				Date 2-18-25	
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