



State of Rhode Island

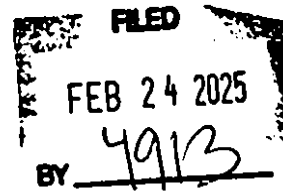
Department of State - Business Services Division

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.



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1. Entity ID Number 000106273		2. Exact name of the Corporation IME INC			
3. Principal Office Address Ferran 222 Snakehill Rd		City Harrisonville		State RI	Zip 02830
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Fabrication Aluminum + Steel etc.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Fernando F Ronci II			Vice-President Name Same		
Street Address 222 Snakehill Rd			Street Address		
City Harrison	State RI	Zip 02830	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 ☐					
Director Name Same			Director Name Same		
Street Address			Street Address		
City	State	Zip	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 0		CLASS/SERIES C-	PAR VALUE 0-
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 Fernando Ronci II				Date 2-21-25	
Signature of Authorized Representative 					