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## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
Limited Liability Company

→ 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   | 2. Exact name of the Limited Liability Company  |                                   |       |                      |  |  |
|---|---|-----------------------------------|-------|----------------------|--|--|
| 001672315   | RMZ CONSTRUCTION LLC  |                                   |       |                      |  |  |
| 3. NAICS Code<br>236115   | Brief description of the character of business conducted in Rhode Island CONSTRUCTION |                                   |       |                      |  |  |
| 5. State of Formation<br>RHODE ISLAND   |   |                                   |       |                      |  |  |
| 6. Principal Office Address   |   | City                              | State | Zip                  |  |  |
| 37 PEKIN ST. APT 2  |   | PROVIDENCE                        | RI    | 02908                |  |  |
| 7. Mailing Address of Limited L   | iability Company and Name or  | Title of Contact Person           |       | •                    |  |  |
| Contact Name FRANCISCO RAMIREZ  |   | Contact Title PRESIDENT           |       |                      |  |  |
| Street Address 37 PEKIN ST. APT 2   |   | City PROVIDENCE                   | State | <sup>Zip</sup> 02908 |  |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. |   |                                   |       |                      |  |  |
| 9. Under penalty of perjury, I  |   | e examined this report, including |       |                      |  |  |
| Name of Authorized Person   |   |                                   | Date  |                      |  |  |
| FRANCISCO RAMIRE  | Z   |                                   |       |                      |  |  |
| Signature of Authorized Person  | Lamure  |                                   |       |                      |  |  |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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