



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2025 AUG 29 P 1:08

1. Entity ID Number 000117037		2. Exact name of the Corporation RCG GLOBAL SERVICES, INC.	
3. Principal Office Address 170 WOOD AVE		City ISELIN	State NJ
		Zip 08830	
4. NAICS Code 541511	6. Brief description of the character of business conducted in Rhode Island TEMPORARY PLACEMENT OF COMPUTER PROGRAMMERS/SOLUTIONS /OUTSOURCING		
5. State of Incorporation NJ			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name RAMESH RAMANI		Vice-President Name NONE	
Street Address 99 S WOOD AVE 9TH FL		Street Address	
City ISELIN	State NJ	City	State
	Zip 08830		Zip
Secretary Name NONE		Treasurer Name GERARD LYNCH	
Street Address		Street Address 99 S WOOD AVE 9TH FL	
City	State	City ISELIN	State NJ
	Zip		Zip 08830
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 2756	CLASS/SERIES CNP
		PAR VALUE \$0.0000	
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. <b>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.</b>			
Name of Authorized Representative GERARD LYNCH		Date 08/18/2025	
Signature of Authorized Representative 			

FILED 10:20 A

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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