




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 SEP 09 2019
200

1. Entity ID Number 89833		2. Exact name of the Corporation RAMSEY NETWORK SYSTEMS, INC.			
3. Principal Office Address 560 YORK AVENUE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island SELLING, DESIGNING, AND REPAIRING COMPUTERS			
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 MARK RAMSEY			Vice-President Name JAMES RAMSEY		
Street Address 560 YORK AVENUE			Street Address 82 COLUMBUS AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02860
Secretary Name MARK RAMSEY			Treasurer Name JAMES RAMSEY		
Street Address 560 YORK AVENUE			Street Address 82 COLUMBUS AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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			10. Shares Issued 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.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					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. <i>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.</i>					
Name of Authorized Representative MARK RAMSEY				Date 9/6/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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