



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 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

MAR 17 2021

B: 4249

1. Entity ID Number 293958		2. Exact name of the Corporation RemTec Incorporated			
3. Principal Office Address 341 Camp Dixie Road			City Pascoag	State RI	Zip 02859
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Security & Surveillance / All Lawful Purposes			
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 Ronald Matthews			Vice-President Name Ronald Matthews		
Street Address 341 Camp Dixie Road			Street Address 341 Camp Dixie Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Ronald Matthews			Treasurer Name Ronald Matthews		
Street Address 341 Camp Dixie Road			Street Address 341 Camp Dixie Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald Matthews			Director Name		
Street Address 341 Camp Dixie Road			Street Address		
City Pascoag	State RI	Zip 02859	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		PAR VALUE
			1	Common	0.01
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 Ronald Matthews				Date 03.06.21	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov