RI SOS Filing Number: 202212852150 Date: 3/8/2022 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

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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FILED	
MAR 0.8 2022	

1. Entity ID Number	2. Exact nam	e of the Corporation	1					
17494	RAMEC	RAMEC, INC.						
Principal Office Address			City		State	Zip		
32 RIDGE DRIVE			EXETER		RI	02822		
4. NÁICS Code	6. Brief description of the character of business conducted in Rhode Island							
331221	SALES, SERVICE, REPAIRS OF INDUSTRIAL COMMERCIAL MACHINERY							
5. State of Incorporation								
7. List ALL officers (names and a	ddresses)		Dr. B	Check ti	ne box to in	ndicate an attachment 🔲		
President Name ALAN MARSLAND			Vice-President Name ALAN MARSLAND					
Street Address 32 RIDGE DRIVE			Street Address 32 RIDGE DRIVE					
City EXETER	State RI	^{Zip} 02822	City EXETE	y EXETER		^{Zip} 02822		
Secretary Name ALAN MARS	LAND	ND Treasurer Name ALAN MARSLAND						
Street Address 32 RIDGE DRIVE			Street Address 32 RIDGE DRIVE					
City EXETER	State RI	^{Zip} 02822	City EXETER		State RI	^{Zıp} 02822		
8. List ALL directors (names and	addresses)				he box to ir	ndicate an attachment		
Director Name ALAN MARSLAND			Director Name					
Street Address 32 RIDGE DRIVE			Street Address					
City EXETER	State RI	^{Zip} 02822	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
9. Shares Authorized	<u> </u>		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	· .			
Changes require an additional filling.		500		COMMON NO P		NO PAR		
onanges require air additional min]						
11 This report must be executed		•	•	•	ation is in t	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 /// // Date								
ALAN MARSLAND						2-11-2022		
Signature of Authorized Representative								
					 .			

MAIL TO:

Division of Business Services

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

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