RLSOS	Filing Number: 202331461310	Date: 3/22/2023 4:00:00 PM
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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

<del></del>
FILED
STATO
MAR 2 2 2923
BY

1. Entity ID Number		e of the Corporation	<del></del>	·				
17494	7494 RAMEC, Inc.							
Principal Office Address     Ridge Drive			City Exeter		State RI	Zip 02822		
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
331221	Sales, Se	Sales, Service, Repairs of Industrial Commercial Machinery						
5. State of Incorporation RI								
7. List ALL officers (names and	addresses)		Van Brasidant	Mana		ndicate an attachment		
President Name Alan Marsla	Vice-President Name Alan Marsland							
Street Address 32 Ridge Driv	Street Address 32 Ridge Drive							
<sup>City</sup> Exeter	State RI	<sup>Zip</sup> 02822	City Exeter		State RI	<sup>Zip</sup> 02822		
Secretary Name Alan Marsla	Treasurer Name Alan Marsland							
Street Address 32 Ridge Drive			Street Address 32 Ridge Drive					
<sup>City</sup> Exeter	State RI	<sup>Zip</sup> 02822	City Exeter		State RI	<sup>Zip</sup> 02822		
8. List ALL directors (names an	d addresses)		.,. <u>t</u>		the box to i	ndicate an attachment		
Director Name Alan Marsland			Director Name					
Street Address 32 Ridge Drive			Street Address					
<sup>City</sup> Exeter	State RI	<sup>Zip</sup> 02822	City		State	Zip		
Director Name			Director Name					
Street Address	Street Address							
City	State	Zıp	City	<del></del> -	State	Zip		
9. Shares Authorized				CLASSIC CONTRACTOR OF THE VALUE				
This information is currently of record in the Department of State.		500		Common N		No PAR		
Changes require an additional fil	<del></del>							
11. This report must be execute	ed on behalf of the	torporation by an a	uthorized repres	1sentative. If the corpo	ration is in	the hands of a receiver or		
trustee, this report must be exe Under penalty of perjury, I de	ecuted on behalf o	f the corporation by that I have examine	the receiver or tr	ustee.				
statements, and that all state Name of Authorized Represent	Date							
Alan Marsland								
Signature of Authorized Repres	sentative	 ت 			I			

MAIL TO:

Division of Business Services

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

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