RI SOS Filing Number: 202450157370 Date: 4/4/2024 4:00:00 PM

State of Rhode Island					FILED		
•	Department of State - Business Services Division					LILED	
Annual Report for the year: 2024 Corporation Filing period: February 1 - May 1					APR 0 4 2024		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					BY_		
Entity ID Number 2. Exact name of the Corporation							
17494 RAMEC, Inc							
Principal Office Address	City		State	Zip			
32 Ridge Drive			Exeter	·	RI	02822	
4. NAICS Code	6. Brief descrip	Brief description of the character of business conducted in Rhode Island					
331221	Sales, Ser	Sales, Service, Repairs of Industrial Commercial Machinery					
5. State of Incorporation							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
7. List ALL officers (names and addresses) President Name				Non Decident Name			
Alan Marsland				Alan Marsland			
Street Address 32 Ridge Driver			Street Address 32 Ridge Drive				
^{City} Exeter	State RI	^{Zip} 02822	City Exe	ter	State	RI 02822	
Secretary Name Alan Marsland				Treasurer Name			
Street Address 32 Ridge Drive			Street Address				
^{City} Exeter	State RI	^{Zip} 02822	City		State	Zip	
8. List ALL directors (names and	Check the box to indicate an attachment						
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 Issu	led	Check the	box to ind	licate an attachment	
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF		CLASS/SER		PAR VALUE	
		500		Common		No Par	
			_				
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					Date		
Alan Marsland / / / / / / / / / / / / / / / / / / /						-25-2024	
Signature of Authorized Represe	entativé						

MAIL TO:

Division of Business Services

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

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