



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 17364		2. Name of Corporation RALCO INDUSTRIES, INC.			
3. Street Address Principal Business Office 1112 RIVER STREET, P.O. BOX 509		City WOONSOCKET		State RI	Zip 02895
4. Business Phone No. 4017672700		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DEALING WITH PLASTICS AND PLASTIC COMPOSITIONS OF ALL KINDS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert A. Lebeaux			Vice President Name Michael A. Rosenthal		
Street Address 7 Elizabeth Drive			Street Address 7 Indian Head Heights		
City Lincoln	State RI	Zip 02865	City Framingham	State MA	Zip 01701
Secretary Name Michael A. Rosenthal			Treasurer Name Robert A. Lebeaux		
Street Address 7 Indian Head Heights			Street Address 7 Elizabeth Drive		
City Framingham	State MA	Zip 01701	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert A. Lebeaux			Director Name Michael A. Rosenthal		
Street Address 7 Elizabeth Drive			Street Address 7 Indian Head Heights		
City Lincoln	State RI	Zip 02865	City Framingham	State MA	Zip 01701
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			300	Common	No Par
			THIS SECTION MUST BE COMPLETED		

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.



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FILED
FEB 01 2008
By 793015
FOR SECRETARY OF STATE USE ONLY

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.

Signature

Date

Robert A. Lebeaux

Print or Type Name

President

Title