

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.	2. Exact na	me of the Corporation				
17364	RALCO	RALCO INDUSTRIES, INC.				
3. Principal office address 1112 River Street			City Woonsocket	State RI	Zip 02895	
4. Business Phone No. 4017672700			5. State of Incorporation Rhode Island			
· ·		s conducted in Rhode Island LASTIC COMPOSITION		s	MAR.	
7. LIST ALL OFFICERS (NAMES AND ADD	(ESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Robert A. Lebeaux			Vice-President Name Michael A. Rosenthal			
Street Address 7 Elizabeth Drive			Street Address 7 Indian Head Heights City State Zin			
City Lincoln	State RI	Zip 02865	City Framingham	State MA	Zip — 7	
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	
. LIST <u>ALL</u> DIRECTORS	(NAMES AND ADI	ORESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Robert A. Lebeaux			Director Name Michael A. Rose	enthal		
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	<u> </u>		
Street Address			Street Address			
City	State	Zip	City State		Zip	
. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACK	IMENT)	
	Wilson Statement and and and an array it		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.		300	Common	No Par		
This report must be execu		corporation by an authorize			s of a receiver or trustee,	
File Date		ist be executed on behalf of	Under penalty of po	erjury, I declare and affi	rm that I have examined chedules and statements, re true and correct.	
Check No <u><i>QQ/Q</i></u> By:	4	MAR 0 4 2015	i/h	11/	03.11.50	
FOR SECRETARY OF S	TATE USE ONINY	M 243826	Signature of Muthori Robert A. Lebe	ized Representative eaux	Date	
orm No. 630	a no trans a las deservirios.		Print or Type Name	of Authorized Representa	ative	

Form No. 630 Revised: 01/2012