



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 2016

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

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 17355		2. Exact name of the Corporation RALCO EQUIPMENT COMPANY, INC.			
3. Principal office address 51 Ralco Way, P.O. Box 35			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 726-3095			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Repairs of Equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Theodore R. Vecchio			Vice-President Name Joanne Vecchio		
Street Address 51 Ralco Way			Street Address 51 Ralco Way		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip
Secretary Name Joanne Vecchio			Treasurer Name Theodore R. Vecchio		
Street Address 51 Ralco Way			Street Address 51 Ralco Way		
City Cumberland	State RI	Zip	City Cumberland	State RI	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Theodore R. Vecchio			Director Name Joanne Vecchio		
Street Address 51 Ralco Way			Street Address 51 Ralco Way		
City Cumberland	State RI	Zip	City Cumberland	State RI	Zip
Director Name Theodore R. Vecchio, Jr.			Director Name Joseph E. Vecchio		
Street Address 51 Ralco Way			Street Address 51 Ralco Way		
City Cumberland	State RI	Zip	City Cumberland	State RI	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No Par Value

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 10 2016

BY 55251 DS

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.

Theodore R. Vecchio
Signature of Authorized Representative

Date

Theodore R. Vecchio, President

Print or Type Name of Authorized Representative