



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 21705		2. Exact name of the Corporation RODELL MANUFACTURING COMPANY	
3. Principal Office Address 1400 Elmwood Avenue		City Cranston	State RI
		Zip 02910	
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island JEWELRY INDUSTRY		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Vincent R. DelBuono		Vice-President Name Marie DelBuono	
Street Address 1400 Elmwood Avenue		Street Address 1400 Elmwood Avenue	
City Cranston	State RI	Zip 02910	City Cranston
			State RI
			Zip 02910
Secretary Name James DelBuono		Treasurer Name Marie DelBuono	
Street Address 1400 Elmwood Avenue		Street Address 1400 Elmwood Avenue	
City Cranston	State RI	Zip 02910	City Cranston
			State RI
			Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 900	CLASS/SERIES Common
			PAR VALUE 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 Vincent R. DelBuono		Date 1/9/17	
Signature of Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 17 2017

BY

FORM 630 - Revised: 10/2016