



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.

STAMP

1. Entity ID Number <u>21920</u>		2. Exact name of the Corporation <u>RONCHELLE CORPORATION</u>			
3. Principal Office Address <u>79 CEDAR SWAMP ROAD</u>		City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	
4. NAICS Code <u>53</u>		6. Brief description of the character of business conducted in Rhode Island <u>PURCHASE AND SELL REAL ESTATE</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>JUDITH A GENDRON</u>			Vice-President Name <u>RONALD T GENDRON JR</u>		
Street Address <u>79 CEDAR SWAMP RD</u>			Street Address <u>79 CEDAR SWAMP RD</u>		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>
Secretary Name <u>JUDITH A GENDRON</u>			Treasurer Name <u>RONALD T GENDRON JR</u>		
Street Address <u>79 CEDAR SWAMP RD</u>			Street Address <u>79 CEDAR SWAMP RD</u>		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>RONALD T. GENDRON JR</u>			Director Name		
Street Address <u>79 CEDAR SWAMP RD</u>			Street Address		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City	State	Zip
Director Name			Director Name		
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 <u>150</u>		CLASS/SERIES <u>COMMON</u>		PAR VALUE <u>NO PAR VALUE</u>	
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 <u>JUDITH A GENDRON</u>				Date <u>2/13/17</u>	
Signature of Authorized Representative <u>Judith A Gendron</u>					

SIGN DOCUMENT HERE

FILED

FEB 13 2017

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

BY 18493 FORM 630 - Revised: 10/2016