



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

STAMP

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

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

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