RI SOS Filing Number: 201983941830 Date: 1/7/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

-Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00	fee if form is n	ot filed by April 1.				<del></del>
1. Entry ID Number 2. Exact name of the Corporation						
RODELL MANUFACTURING COMPANY						
3. Principal Office Address			City		State	Zıp
1400 Elmwood Avenue			Cranston		RI	02910
4. NAICS Code	Brief description of the character of business conducted in Rhode Island					
339910	Jewelry Industry					
5 State of Incorporation	<b>]</b>					
Rhode Island	Į.					'
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Vincent R. DelBuono			Vice-President Name Marie DelBuono			
Street Address 1400 Elmwood Avenue			Street Address 1400 Elmwood Avenue			
City Cranston	State R1	Zip 02910	City Cranston		State RI	<sup>Zip</sup> 02910
Secretary Name  James DelBuone	)	<b>I</b>	Treasurer Name Marie DelBuono			
Street Address 1400 Elmwood Avenue			Street Address 1400 Elmwood Avenue			
City Cranston	State RI	<sup>Zip</sup> 02910	City Cranston		State RI	<sup>Zip</sup> 02910
8. List ALL directors (names and	addresses)			Chec	k the box to ii	ndicate an attachment 🔲
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City		State	7ip
Director Name None			Director Name None			
Street Address			Street Address			
Sirect Address			Silect Address			
City	State	7ıp	City		State	Zıp
Shares Authorized This information is currently of record in the		10. Shares Issued		Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
Department of State.  Changes require an additional filing.		900		Common		No Par
11. This report must be executed	on behalf of the	e comporation by an	authorized repre	sentative If the corn	oration is in t	he hands of a receiver or
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  Date						
Vincent R. DelBuono						
Signature of Authorized Represe	ptative) / /.			FIL	<u> </u>	•
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri gov

FORM 630 - Revised: 10/2017