



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 not filed by April 1.

1. Entity ID Number <u>000021920</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>531390</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 ☐			
President Name <u>JUDITH A GEADRON</u>		Vice-President Name <u>RONALD T GEADRON JR</u>	
Street Address <u>79 CEDAR SWAMP ROAD</u>		Street Address <u>79 CEDAR SWAMP ROAD</u>	
City <u>SMITHFIELD</u>	State <u>RI</u>	City <u>SMITHFIELD</u>	State <u>RI</u>
	Zip <u>02917</u>		Zip <u>02917</u>
Secretary Name <u>JUDITH A GEADRON</u>		Treasurer Name <u>RONALD T GEADRON JR</u>	
Street Address <u>79 CEDAR SWAMP ROAD</u>		Street Address <u>79 CEDAR SWAMP ROAD</u>	
City <u>SMITHFIELD</u>	State <u>RI</u>	City <u>SMITHFIELD</u>	State <u>RI</u>
	Zip <u>02917</u>		Zip <u>02917</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>RONALD T GEADRON JR</u>		Director Name	
Street Address <u>79 CEDAR SWAMP ROAD</u>		Street Address <u>NA</u>	
City <u>SMITHFIELD</u>	State <u>RI</u>	City	State
	Zip <u>02917</u>		Zip
Director Name		Director Name	
Street Address <u>NA</u>		Street Address <u>NA</u>	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>150</u>	CLASS/SERIES <u>COMMON</u>
Changes require an additional filing.			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 GEADRON</u>		Date <u>2/6/19</u>	
Signature of Authorized Representative <u>Judith A Geadron</u>		FILED FEB 11 2019 BY <u>1010</u>	