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	2. Exact name of the Corporation			
000021920	RONCHELLE CORPORATION			
3. Principal Office Address		City	State	Zip
79 CEDAR SWAMP ROAD		SMITH FIELD	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	PURCHASE AND SELL REAL ESTATE			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
JUDITH A GENDRON	79 CEDAR SWAMP ROAD	SMITHFIELD	RI	02917

Vice-President Name	Street Address	City	State	Zip
RONALD T GENDRON JR	79 CEDAR SWAMP ROAD	SMITH FIELD	RI	02917

Secretary Name	Street Address	City	State	Zip
JUDITH A GENDRON	79 CEDAR SWAMP ROAD	SMITHFIELD	RI	02917

Treasurer Name	Street Address	City	State	Zip
RONALD T GENDRON JR	79 CEDAR SWAMP ROAD	SMITHFIELD	RI	02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
RONALD T GENDRON JR	79 CEDAR SWAMP ROAD	SMITHFIELD	RI	02917
	N/A			
	NA			

Director Name	Street Address	City	State	Zip
	N/A			
	NA			

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	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	150	COMMON	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	Date
JUDITH A GENDRON	2/6/19

Signature of Authorized Representative: Judith A Gendron

FILED
FEB 11 2019
BY 1018

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