



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 19 PM 1:49

1. Entity ID Number 13707		2. Exact name of the Corporation NALCO INCORPORATED												
3. Principal Office Address 8 CRANDALL DRIVE		City JOHNSTON	State RI	Zip 02919										
4. NAICS Code 999999	6. Brief description of the character of business conducted in Rhode Island CORPORATION HAS HAD NO BUSINESS SINCE 2009.													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name LUCILLE FIGLIUZZI		Vice-President Name CAROL O'ROURKE												
Street Address 8 CRANDALL DRIVE		Street Address 25 SUTTON PLACE SOUTH												
City JOHNSTON	State RI	Zip 02919	City NEW YORK	State NY	Zip 10022									
Secretary Name LUCILLE FIGLIUZZI		Treasurer Name LUCILLE FIGLIUZZI												
Street Address 8 CRANDALL DRIVE		Street Address 8 CRANDALL DRIVE												
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name LUCILLE FIGLIUZZI		Director Name CAROL O'ROURKE												
Street Address 8 CRANDALL DRIVE		Street Address 25 SUTTON PL South												
City JOHNSTON	State RI	Zip 02919	City NEW YORK	State NY	Zip 10022									
Director Name NONE		Director Name NONE												
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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>CNP</td><td>\$0.00</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	\$0.00			
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100	CNP	\$0.00												
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 CAROL O'ROURKE				Date FEB. 15, 2019										
Signature of Authorized Representative <i>Carol O'Rourke</i>														

FILED

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