



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2016
 Corporation

2019 FEB 19 PM 1:49

- 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 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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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

FILED
 FEB 19 2019
 KL X2G6V
 1:55