



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 <b>13707</b>		2. Exact name of the Corporation <b>NALCO INCORPORATED</b>				
3. Principal Office Address <b>8 CRANDALL DRIVE</b>			City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	
4. NAICS Code <b>999999</b>		6. Brief description of the character of business conducted in Rhode Island <b>CORPORATION HAS HAD NO BUSINESS SINCE 2009.</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>LUCILLE FIGLIUZZI</b>			Vice-President Name <b>CAROL O'ROURKE</b>			
Street Address <b>8 CRANDALL DRIVE</b>			Street Address <b>25 SUTTON PLACE SOUTH</b>			
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10022</b>	
Secretary Name <b>LUCILLE FIGLIUZZI</b>			Treasurer Name <b>LUCILLE FIGLIUZZI</b>			
Street Address <b>8 CRANDALL DRIVE</b>			Street Address <b>8 CRANDALL DRIVE</b>			
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>LUCILLE FIGLIUZZI</b>			Director Name <b>CAROL O'ROURKE</b>			
Street Address <b>8 CRANDALL DRIVE</b>			Street Address <b>25 SUTTON PL South</b>			
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10022</b>	
Director Name <b>NONE</b>			Director Name <b>NONE</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	FAR VALUE	
		<b>100</b>		<b>CNP</b>	<b>\$0.00</b>	
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.						
<b>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.</b>						
Name of Authorized Representative <b>CAROL O'ROURKE</b>					Date <b>FEB. 15, 2019</b>	
Signature of Authorized Representative <i>Carol O'Rourke</i>					<b>FILED</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FEB 19 2019  
 KL X2G6V  
 1:55