



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV'Annual Report for the year: 2014
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	City NEW YORK	State NY
Zip 02919		Zip 10022	
Secretary Name LUCILLE FIGLIUZZI		Treasurer Name LUCILLE FIGLIUZZI	
Street Address 8 CRANDALL DRIVE		Street Address 8 CRANDALL DRIVE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		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	City NEW YORK	State NY
Zip 02919		Zip 10022	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		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	
		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

FEB 19 2019

KL X2G6V
1:53