

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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2012  
 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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR 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>

**FILED**  
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