



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

Annual Report for the year: 2019  
 Corporation

- 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>000795581</b>		2. Exact name of the Corporation <b>RONALD SPAGNOLE INC.</b>			
3. Principal Office Address <b>85 INDUSTRIAL circle suite: 4104</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>339910</b>		6. Brief description of the character of business conducted in Rhode Island <b>DESIGNING AND MANUFACTURING OF JEWELRY</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RONALD SALVATORE SPAGNOLE</b>			Vice-President Name <b>RONALD SALVATORE SPAGNOLE</b>		
Street Address <b>3 WINGATE ROAD</b>			Street Address <b>3 WINGATE ROAD</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>RONALD SALVATORE SPAGNOLE</b>			Treasurer Name <b>RONALD SALVATORE SPAGNOLE</b>		
Street Address <b>3 WINGATE ROAD</b>			Street Address <b>3 WINGATE ROAD</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1,000</b>		<b>CWP</b>	<b>\$1.0000</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. 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 <b>RONALD S. SPAGNOLE</b>					Date <b>02/14/2019</b>
Signature of Authorized Representative <i>Ronald S. Spagnole</i>					

**FILED** *or*

FEB 20 2019

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