



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS
 2019 FEB 28 PM 2:41
 02895

1. Entity ID Number 700633		2. Exact name of the Corporation Ralco Industries International, Inc.			
3. Principal Office Address 1112 River Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 999999 84 - Professional, Scientific, an.		6. Brief description of the character of business conducted in Rhode Island Domestic/foreign sales corporation			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Lebeaux			Vice-President Name		
Street Address 25 Oak Valley Lane			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Secretary Name Robert A. Lebeaux			Treasurer Name Robert A. Lebeaux		
Street Address 25 Oak Valley Lane			Street Address 25 Oak Valley Lane		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
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 Robert A. Lebeaux					Date 02.13.19
Signature of Authorized Representative					

FILED
 SIGN DOCUMENT HERE
FEB 28 2019

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