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

FILED
JAN 20 2021
BY 1034 DS

Annual Report for the year: 2021
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	2. Exact name of the Corporation
0000 21920	RONCHELLE CORPORATION

3. Principal Office Address	City	State	Zip
79 CEDAR SWAMP ROAD	SMITHFIELD	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	PURCHASE AND SELL REALESTATE
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JUDITH A GENDRON	RONALD T GENDRON JR
Street Address: 79 CEDAR SWAMP ROAD	Street Address: 79 CEDAR SWAMP ROAD
City: SMITHFIELD State: RI Zip: 02917	City: SMITHFIELD State: RI Zip: 02917
Secretary Name	**Treasurer Name**
JUDITH A, GENDRON	RONALD T GENDRON JR
Street Address: 79 CEDAR SWAMP ROAD	Street Address: 79 CEDAR SWAMP ROAD
City: SMITHFIELD State: RI Zip: 02917	City: SMITHFIELD State: RI Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
RONALD T GENDRON JR	
Street Address: 79 CEDAR SWAMP ROAD	Street Address:
City: SMITHFIELD State: RI Zip: 02917	City: State: Zip:
Director Name	Director Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	150	COMMON	NO PAR VALUE

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	Date
JUDITH A. GENDRON	1/13/21
Signature of Authorized Representative: Judith A Gendron	

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

FORM 630 - Revised: 10/2017