



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED**FEB 22 2021**BY 2268
JA

1. Entity ID Number 17364		2. Exact name of the Corporation RALCO INDUSTRIES, INC.			
3. Principal Office Address 1112 River Street		City Woonsocket		State RI	Zip 02895
4. NAICS Code 151333		6. Brief description of the character of business conducted in Rhode Island DEALING WITH PLASTICS AND PLASTIC COMPOSITIONS OF ALL KINDS			
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 Michael A. Rosenthal		
Street Address 25 Oak Valley Lane			Street Address 7 Indian Head Heights		
City Harrisville	State RI	Zip 02830	City Framingham	State MA	Zip 01701
Secretary Name Michael A. Rosenthal			Treasurer Name Robert A. Lebeaux		
Street Address 7 Indian Head Heights			Street Address 25 Oak Valley Lane		
City Framingham	State MA	Zip 01701	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 Robert A. Lebeaux			Director Name Michael A. Rosenthal		
Street Address 25 Oak Valley Lane			Street Address 7 Indian Head Heights		
City Harrisville	State RI	Zip 02830	City Framingham	State MA	Zip 01701
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 <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
300		Common		No Par	
Changes require an additional filing.					
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 02.17.2021
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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: 10/2016