RI SOS Filing Number: 202193442500 Date: 3/2/2021 4:00:00 PM

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

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2021 MAR -2 A 8:40

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			
000798550	Rochelles, Inc			
3. Principal Office Address		City	State	Zip
7 Chin Hill Rd		Westerly	RI	02891
4. NAICS Code 454110 ~~44-45 RETail Trade~~	6. Brief description of the character of business conducted in Rhode Island			
	Retail Stores of Women's Apparel			
5 State of Incorporation				
RI				

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

President Name			Vice-President Name		
Rochelle Larue Gallo					
Street Address			Street Address		
7 Chin Hill Road					
City / State / Zip			City / State / Zip		
Westerly	RI				
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

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

Director Name			Director Name		
Rochelle Larue Gallo					
Street Address			Street Address		
7 Chin Hill Rd					
City / State / Zip			City / State / Zip		
Westerly	RI	02891			
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	0	CNP	0.00
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	Date
Daniel J. Usso	2/26/21
Signature of Authorized Representative	
SIGN DOCUMENT HERE	

FILED
MAR 2 2021
BY EMG55
8:40

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