RI SOS Filing Number: 202197881530 Date: 6/4/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

JUN 04 2021

BY

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			
000795581	RONALD SPAGNOLE INC.			
3. Principal Office Address		City	State	Zip
85 INDUSTRIAL CIRCLE SUITE 4104		LINCOLN	RI.	02865
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339910	DESIGN + MANUFACTURING OF FASHION JEWELRY			
5. State of Incorporation				
Rhode Island				

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

President Name			Vice-President Name		
RONALD S SPAGNOLE			RONALD S SPAGNOLE		
Street Address			Street Address		
3 WINGATE ROAD			3 WINGATE ROAD		
City	State	Zip	City	State	Zip
LINCOLN	RI.	02865	LINCOLN	RI	02865
Secretary Name			**Treasurer Name**		
RONALD S SPAGNOLE			RONALD S SPAGNOLE		
Street Address			Street Address		
3 WINGATE ROAD			3 WINGATE ROAD		
City	State	Zip	City	State	Zip
LINCOLN	RI	02865	LINCOLN	RI.	02865

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

Director Name			Director Name		
NONE			NONE		
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 — 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.	1000	CWP	$1.000
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
RONALD S SPAGNOLE	04/01/2021

Signature of Authorized Representative: Ronald S Spagnole

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: 08/2020