



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JUN 04 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY [Signature]

1. Entity ID Number <u>000795581</u>		2. Exact name of the Corporation <u>RONALD SPAGNOLE Inc.</u>			
3. Principal Office Address <u>85 INDUSTRIAL CIRCLE SUITE 4104</u>		City <u>LINCOLN</u>		State <u>RI.</u>	Zip <u>02865</u>
4. NAICS Code <u>339910</u>		6. Brief description of the character of business conducted in Rhode Island <u>DESIGN + MANUFACTURING OF FASHION JEWELRY</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>RONALD S SPAGNOLE</u>			Vice-President Name <u>RONALD S SPAGNOLE</u>		
Street Address <u>3 WINGATE ROAD</u>			Street Address <u>3 WINGATE ROAD</u>		
City <u>LINCOLN</u>	State <u>RI.</u>	Zip <u>02865</u>	City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>
Secretary Name <u>RONALD S SPAGNOLE</u>			Treasurer Name <u>RONALD S SPAGNOLE</u>		
Street Address <u>3 WINGATE ROAD</u>			Street Address <u>3 WINGATE ROAD</u>		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>LINCOLN</u>	State <u>RI.</u>	Zip <u>02865</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1000</u>		<u>CWP</u>	<u>\$ 1.000</u>
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 <u>RONALD S SPAGNOLE</u>					Date <u>04/01/2021</u>
Signature of Authorized Representative <u>Ronald S Spagnole</u>					

MAIL TO:
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