



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 22 2023

BY

1. Entity ID Number 17355		2. Exact name of the Corporation RALCO EQUIPMENT COMPANY, INC.												
3. Principal Office Address 51 Ralco Way, P.O. Box 35			City Cumberland	State RI	Zip 02864									
4. NAICS Code 811198		6. Brief description of the character of business conducted in Rhode Island Repair of equipment												
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 Theodore R. Vecchio			Vice-President Name Joanne Vecchio											
Street Address 51 Ralco Way P.O. Box 35			Street Address 51 Ralco Way P.O. Box 35											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
Secretary Name Joanne Vecchio			Treasurer Name Theodore R. Vecchio											
Street Address 51 Ralco Way P.O. Box 35			Street Address 51 Ralco Way P.O. Box 35											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Theodore R. Vecchio			Director Name Joanne Vecchio											
Street Address 51 Ralco Way P.O. Box 35			Street Address 51 Ralco Way P.O. Box 35											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
Director Name Theodore R. Vecchio, Jr.			Director Name Joseph E. Vecchio											
Street Address 51 Ralco Way P.O. Box 35			Street Address 51 Ralco Way P.O. Box 35											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	None			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	Common	None												
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 Theodore R. Vecchio, President					Date 2/24/23									
Signature of Authorized Representative <i>Theodore R. Vecchio, President</i>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov