



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

JUN 15 2023

BY 110880-2340 2023 JUN 15 AM 11:49

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000129113		2. Exact name of the Corporation Rusco Enterprise, Inc.			
3. Principal Office Address 25 Bleachery Ct			City Warwick	State RI	Zip 02886
4. NAICS Code 332300		6. Brief description of the character of business conducted in Rhode Island Metal fabrication and finishing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Melvin			Vice-President Name Michael Melvin		
Street Address 19 Stanfield Lane			Street Address 40 Andrews Circle		
City Broomall	State PA	Zip 19008	City Media	State PA	Zip 19063
Secretary Name John Jardine			Treasurer Name John Jardine		
Street Address 2000 Eddystone Industrial Park			Street Address 2000 Eddystone Industrial Park		
City Eddystone	State PA	Zip 19022	City Eddystone	State PA	Zip 19022
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
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		
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 John Jardine					Date 05/26/23
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov