



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 07 2024

BY 32671
DS

1. Entity ID Number 18136		2. Exact name of the Corporation P. Ronci Machine Co., Inc.			
3. Principal Office Address 19 Appian Way			City Smithfield	State RI	Zip 02917
4. NAICS Code 333120		6. Brief description of the character of business conducted in Rhode Island Fabricated meal products			
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 Philip A. Cerrone			Vice-President Name Gregg M. Raposa		
Street Address 19 Appian Way			Street Address 19 Appian Way		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Philip A. Cerrone			Treasurer Name Philip A. Cerrone		
Street Address 19 Appian Way			Street Address 19 Appian Way		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Philip A. Cerrone			Director Name		
Street Address 19 Appian Way			Street Address		
City Smithfield	State RI	Zip 02917	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
		99		Common	No 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 Philip A. Cerrone					Date 3/10/24
Signature of Authorized Representative <i>Philip A. Cerrone</i>					