



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 20 2024

BY 59143

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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 February 22, 2024
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

FORM 630 - Revised: 11/2021