



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.

1. Entity ID Number 001693355		2. Exact name of the Corporation Camron Industries, Inc.			
3. Principal Office Address 200 Old River Road, Apt 26			City Lincoln	State RI	Zip 02865
4. NAICS Code 315990		6. Brief description of the character of business conducted in Rhode Island Manufacturing.			
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 Rocco Camparone			Vice-President Name Angela Camparone		
Street Address 200 Old River Road, Apt 26			Street Address 200 Old River Road, Apt 26		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Angela Camparone			Treasurer Name Rocco Camparone		
Street Address 200 Old River Road, Apt 26			Street Address 200 Old River Road, Apt 26		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rocco Camparone			Director Name Angela Camparone		
Street Address 200 Old River Road, Apt 26			Street Address 200 Old River Road, Apt 26		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 Rocco Camparone, President				Date 3/28/24	
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

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APR 5 2024
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