



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

APR 24 2024

BY JS7685  
OS

1. Entity ID Number <b>700633</b>		2. Exact name of the Corporation <b>Ralco Industries International, Inc.</b>			
3. Principal Office Address <b>1112 River Street</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
4. NAICS Code <b>541690</b>		6. Brief description of the character of business conducted in Rhode Island <b>Domestic/foreign sales corporation</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert A. Lebeaux</b>			Vice-President Name		
Street Address <b>25 Oak Valley Lane</b>			Street Address		
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City	State	Zip
Secretary Name <b>Robert A. Lebeaux</b>			Treasurer Name <b>Robert A. Lebeaux</b>		
Street Address <b>25 Oak Valley Lane</b>			Street Address <b>25 Oak Valley Lane</b>		
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	PAR VALUE
		100		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. <b>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.</b>					
Name of Authorized Representative <b>Robert A. Lebeaux</b>					Date <b>04/17/2024</b>
Signature of Authorized Representative 					

MAIL TO:  
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