



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
 Corporation

MAY 30 2024
 2134 *e*

- 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 000798550		2. Exact name of the Corporation ROCHELLE'S, INC			
3. Principal Office Address 7 CHIN HILL RD			City WESTERLY	State RI	Zip 02891
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island RETAIL STORES OF WOMENS APPAREL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROCHELLE LARUE GALLO			Vice-President Name		
Street Address 7 CHIN HILL ROAD			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROCHELLE LARUE GALLO			Director Name		
Street Address 7 CHIN HILL ROAD			Street Address		
City WESTERLY	State RI	Zip 02891	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	
		0		CNP	
				PAR VALUE	
				0.00	
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.					
<i>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.</i>					
Name of Authorized Representative DANIEL J URSO, CPA				Date 4/27/23	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov