



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation

2024

MAY 30 2024

2134 ✓

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry 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 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"/>								
			<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>0</td><td>CNP</td><td>0.00</td></tr></tbody></table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0	CNP	0.00
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
0	CNP	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 											

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: 2/2023