State of Rhode Island
Department of State - Business Services Division

Filed 4/24/24
Check #
157684

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	2. Exact name of the Corporation
17364	RALCO INDUSTRIES, INC.

3. Principal Office Address	City	State	Zip
1112 River Street	Woonsocket	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
326199	Dealing with plastics and plastic compositions of all kinds.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Robert A. Lebeaux	Michael A. Rosenthal
Street Address: 25 Oak Valley Lane	Street Address: 7 Indian Head Heights
City: Harrisville, State: RI, Zip: 02830	City: Framingham, State: MA, Zip: 01701
Secretary Name: Michael A. Rosenthal	**Treasurer Name:** Robert A. Lebeaux
Street Address: 7 Indian Head Heights	Street Address: 25 Oak Valley Lane
City: Framingham, State: MA, Zip: 01701	City: Harrisville, State: RI, Zip: 02830

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Robert A. Lebeaux	Michael A. Rosenthal
Street Address: 25 Oak Valley Lane	Street Address: 7 Indian Head Heights
City: Harrisville, State: RI, Zip: 02830	City: Framingham, State: MA, Zip: 01701
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	300	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.

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	Date
Robert A. Lebeaux	04/17/2024
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: 12/2023

#1411