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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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
FEB 05 2025
BY 33295

1. Entity ID Number	2. Exact name of the Corporation			
18136	P. Ronci Machine Co., Inc.			
3. Principal Office Address: 19 Appian Way	City: Smithfield	State: RI	Zip: 02917	
4. NAICS Code: 333120	6. Brief description of the character of business conducted in Rhode Island: Fabricated metal products			
5. State of Incorporation: Rhode Island				

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

President Name: Philip A. Cerrone			Vice-President Name: Gregg M. Raposa		
Street Address: 19 Appian Way			Street Address: 19 Appian Way		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Philip A. Cerrone			Treasurer Name: Philip A. Cerrone		
Street Address: 19 Appian Way			Street Address: 19 Appian Way		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

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

Director Name: Philip A. Cerrone			Director Name:		
Street Address: 19 Appian Way			Street Address:		
City: Smithfield	State: RI	Zip: 02917	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
99	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: Philip A. Cerrone
Date: 1/27/25
Signature of Authorized Representative: Philip A. Cerrone

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