RI SOS Filing Number: 202566245040 Date: 2/24/2025 4:00:00 PM

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
STATE
FEB 24 2025
BY

1. Entity ID Number	2. Exact name of the Corporation			
000021793	ROL-FLO ENGINEERING, INC.			
3 Principal Office Address		City	State	Zip
85A Tom Harvey Road		Westerly	RI	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
331221	engineering and manufacturing			
5 State of Incorporation				
Rhode Island				

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

President Name: Richard L. Orlomoski			Vice-President Name:		
Street Address: 25 Crestview Drive Unit 8A			Street Address:		
City: Westerly	State: RI	Zip: 02891	City:	State:	Zip:
Secretary Name: Richard L. Orlomoski			Treasurer Name: Richard L. Orlomoski		
Street Address: 25 Crestview Drive Unit 8A			Street Address: 25 Crestview Drive Unit 8A		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

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

Director Name: Richard L. Orlomoski			Director Name:		
Street Address: 25 Crestview Drive Unit 8A			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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	no par

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
Richard Orlomoski	
Signature of Authorized Representative	
Richard Orlomoski	

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: 04/2023