



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

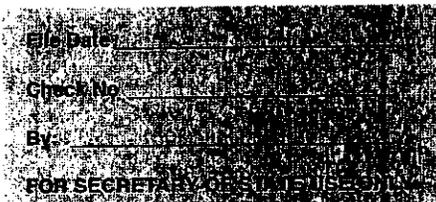
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 110470		2. Exact name of the Corporation RONALD PARIS, INC.			
3. Principal office address 1177 CENTRAL AVENUE			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No. 401-729-1187			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE SALE OF FURNITURE AND THE REUPHOLSTRY OF FURNITURE					
7. LIST ALL OFFICERS					
President Name RONALD PARIS, SR.			Vice-President Name SCOTT PARIS		
Street Address 80 WILD ACRES DRIVE			Street Address 80 WILD ACRES DRIVE		
City NORTH ATTLEBORO	State MA	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
Secretary Name RONALD PARIS, JR			Treasurer Name RONALD PARIS, SR.		
Street Address 38 HARMAN AVENUE			Street Address 80 WILD ACRES DRIVE		
City SEEKONK	State MA	Zip 02771	City NORTH ATTLEBORO	State MA	Zip 02760
8. LIST ALL DIRECTORS NAMES AND ADDRESSES					
Director Name RONALD PARIS, SR.			Director Name		
Street Address 80 WILD ACRES DRIVE			Street Address		
City NORTH ATTLEBORO	State MA	Zip 02760	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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8,000	01 PAR VALUE	\$80

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.

Signature of Authorized Representative

Date

RONALD PARIS, SR.

Print or Type Name of Authorized Representative

FILED

FEB 25 2016

RV KL 17689