



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

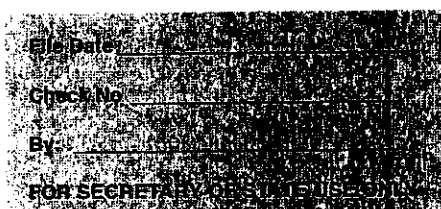
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

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

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

FEB 25 2016

rv 146 17669