



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 52748		2. Exact name of the Corporation Eastern Art & Frame Co., Inc.			
3. Principal Office Address 1376 Eddy Street			City Providence	State RI	Zip 02905
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island manufacture and sale of picture frames			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joseph Noonan			Vice-President Name Joanne Noonan		
Street Address 1376 Eddy Street			Street Address 1376 Eddy Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Joanne Noonan			Treasurer Name Joseph Noonan		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Joseph Noonan			Director Name		
Street Address same			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2,000	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 Joanne Noonan				Date 1/20/2017	
Signature of Authorized Representative <i>Joanne Noonan</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JAN 30 2017
 BY 6405