

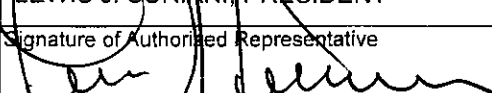


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

2017 FEB 14 11:14 AM
 FILED
 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE

1. Entity ID Number 36036		2. Exact name of the Corporation ECONOMY ORNAMENTAL WORKS, INC.			
3. Principal Office Address 3 LEE ANN DRIVE		City BARRINGTON		State RI	Zip 02806
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island to buy, sell and deal in fireplaces, stoves and iron products and accessories			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEWIS J. SURIANI			Vice-President Name ROSEMARY SURIANI		
Street Address 3 LEE ANN DRIVE			Street Address 3 LEE ANN DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name ROSEMARY SURIANI			Treasurer Name LEWIS J. SURIANI		
Street Address 3 LEE ANN DRIVE			Street Address 3 LEE ANN DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROSEMARY SURIANI			Director Name LEWIS J. SURIANI		
Street Address 3 LEE ANN DRIVE			Street Address 3 LEE ANN DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		PAR VALUE
			NUMBER OF SHARES	CLASS/SERIES	
			600	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. <i>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.</i>					
Name of Authorized Representative LEWIS J. SURIANI, PRESIDENT					Date 2/7/17
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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

FEB 14 2017

FORM 630 - Revised: 10/2016

BY LE 295684