



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 000109945		2. Exact name of the Corporation DWC Wallcovering, Inc.			
3. Principal Office Address 96 Cobble Hill Rd		City Lincoln		State RI	Zip 02865
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Provide painting and wallcovering services			
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 Daniel Campanaro			Vice-President Name		
Street Address 96 Cobble Hill Rd			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Daniel Campanaro			Treasurer Name Maria L. Canzonieri		
Street Address 96 Cobble Hill Rd			Street Address 96 Cobble Hill Rd		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel Campanaro			Director Name Maria L. Canzonieri		
Street Address 96 Cobble Hill Rd			Street Address 96 Cobble Hill Rd		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1000 Common None		
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 Daniel Campanaro					Date 2/22/17
Signature of Authorized Representative <i>[Signature]</i>					

SIGN DOCUMENT HERE

FILED

FEB 24 2017

BY

5011 DS

FORM 630 - Revised: 02/2017