



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 98433		2. Exact name of the Corporation North Scituate Paint & Decor, Inc.			
3. Principal Office Address 2766 Hartford Ave			City Johnston	State RI	Zip 02919
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island retail home decorating store			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Anna Ruggieri			Vice-President Name Dario Ruggieri		
Street Address 35 Lotter Lane			Street Address 35 Lotter Lane		
City No. Scituate	State RI	Zip 02857	City No. Scituate	State RI	Zip 02857
Secretary Name Cristina Ruggieri			Treasurer Name Anna Ruggieri		
Street Address 35 Lotter Lane			Street Address 35 Lotter Lane		
City No. Scituate	State RI	Zip 02857	City No. Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name none			Director Name		
Street Address			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 Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100		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 Anna Ruggieri				Date 2/24/2017	
Signature of Authorized Representative 					

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 27 2017
BY **734408**