

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 62062		2. Exact name of the Corporation Eastern Paint Center Inc.			
3. Principal Office Address 1926 Smith Street		City North Providence	State R.I.	Zip 02911	
4. NAICS Code 44-45		8. Brief description of the character of business conducted in Rhode Island Retail store			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David J. Piscapiello			Vice-President Name Angelo M. Balassone		
Street Address 30 Rollingwood Dr.			Street Address 29 David Drive		
City Johnston	State R.I.	Zip 02919	City Cranston	State R.I.	Zip 02920
Secretary Name David J. Piscapiello			Treasurer Name Angelo M. Balassone		
Street Address 30 Rollingwood Dr.			Street Address 29 David Drive		
City Johnston	State R.I.	Zip 02919	City Cranston	State R.I.	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			NONE		
			NONE		
			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 David J. Piscapiello				Date 3/15/17	
Signature of Authorized Representative David J. Piscapiello				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

FORM 630 - Revised: 02/2017

FILED
MAR 21 2017
 By [Signature]