



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

**FILED**

FEB 20 2018

BY

7449

**Annual Report for the year: 2018**  
**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 & Décor, Inc.					
3. Principal Office Address 2766 Hartford Ave				City Johnston		State RI	Zip 02919
4. NAICS Code 541410		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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		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		Zip 02857
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name none				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
9. Shares Authorized				10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 02/14/2018	
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