



## Department of State - Business Services Division

Annual Report for the year:  
Corporation2019**FILED**

MAR 15 2019

BY

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- 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 <b>62062</b>		2. Exact name of the Corporation <b>Eastern Paint Center, Inc.</b>	
3. Principal Office Address <b>1926 Smith Street</b>		City <b>North Prov.</b>	State <b>R.I.</b>
4. NAICS Code <b>444120</b>		6. Brief description of the character of business conducted in Rhode Island <b>retail paint wallcovering sundries</b>	
5. State of Incorporation <b>R.I.</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>David J. Piscopello</b>		Vice-President Name <b>Angelo M. Balossone</b>	
Street Address <b>30 Rollingswood Dr.</b>		Street Address <b>29 David Drive</b>	
City <b>Johnston</b>	State <b>R.I.</b>	City <b>Cranston</b>	State <b>R.I.</b>
Zip <b>02919</b>		Zip <b>02920</b>	
Secretary Name <b>David J. Piscopello</b>		Treasurer Name <b>Angelo M. Balossone</b>	
Street Address <b>30 Rollingswood Dr.</b>		Street Address <b>29 David Drive</b>	
City <b>Johnston</b>	State <b>R.I.</b>	City <b>Cranston</b>	State <b>R.I.</b>
Zip <b>02919</b>		Zip <b>02920</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
NUMBER OF SHARES		CLASS/SERIES	
<b>NONE</b>		<b>NONE</b>	
		PAR VALUE	
		<b>NONE</b>	
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 <b>David J. Piscopello</b>		Date <b>3/13/19</b>	
Signature of Authorized Representative <b>David J. Piscopello</b>			