

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Corporate ID No.	2. Name of Corporation			·	-	
98433	NORTH SCITU	TE PAINT AND DECO	R, INC.			
Street Address Principal Business O	•		City	State R I	Ζίρ 02919	
2766 Hartford P Business Phone No.	Ave	5. State of Incorporation	Johnston	K I	6. SIC Code	
401-934-2547		1			o. sic care	
Brief Description of the Character of	of Business Conducted in	RHODE ISLAND	<u> </u>			
TO DISTRIBUTE HOME I	DECORATING MATE	RIALS AND SERVICES	5.			
NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATT		CES BEFORE USING AT	TACHMENTS	
sident Name Anna Rug	ggieri		Vice President Name Dario	Ruggieri		
ret Address		<u> </u>	Street Address	.		
25 Murie	l Ave		25 Murie	1 Ave		
No. Providence	State RI	^{Zφ} 02911	CUNO Providence	State RI	Zip ()2911	
	Ruggieri		Treasurer Minio Anna Rug	ggieri		
			_ _			
rer Address 25 Murie	1 Ave		Since Address 25 Murie	el Ave		
Ty.	State	Zip	City	State	Zip	
. Providence	RI	02911	No. Providence	RI	02911	
. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT			·-·			
rector Name none			Director Name			
vet Address			Street Address	Street Address		
					_	
)·	State	Zip	City	State	Zip	
•	.	<u>.'J.'</u>			l	
rector Name			Director Name			
est Address		 .	Street Address			
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יי	State	Zip	City	State	Z ip	
CHARECAUTHORIZES	(ave nov con ave	 	11. SHARES ISSUED ("X"	POVEORATTACHNE	νω. γ □ □	
. SHARES AUTHORIZED THORIZED SHARES	("X BOX FOR AT	ACHMENT) [ISSUED SHARES	BOX FOR ATTACHHE		
outer of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
- · · · -			100	LO DAD VALUE		
1,000 NO PAR VALUE		<u> </u>	100	NO PAR VALUE		
This count must be a	nianad in ink hu sir	has the Bresident Vice	President, Secretary, Assistant S	Secretary Treasurer Rec	eiver or Trustee	
tins report must be s	agned in the by en	ner the riesident, vice	. i resident, decicially, Assistant i	, ceretary, richauter, Nec	5.10.01 110000	
! ! 18 6 (1)						
			Under penalty of perjury	y. I declare and affirm that I	have examined this	
		" 1	including any accompar	lying schedules and stateme		
FIL	ED	_	ontained herein are true	and correct.	4-11-0	
ile Date	445	\mathcal{I}	Mus	/** <u>*</u>		
APR 1	8 2005 YOU	1	Signiture of Officer	1000	Date	
heck No.	V 5		MNNA R	UGG I ERK I		
y:By			Print or Type Name of Of	Ticer		
		į	MESINEN	_		
FOR SECRETARY OF ST	ATE USE ONLY			<u></u>		

Title of Officer



STATE OF RHODE ISLAND AND PROVIDE: CE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

Matthew A. Brown, Secretary of State

PROFIT CORPOR			FOR THE YEA	R2004	1
Filing Period: January 1 - M FORM MUST BE TYPED OR PRIN		ung Fee: \$50.00			
I. Corporate ID No.	2. Name of Corpora	tion			
98433	NORTH SCI	TUATE PAINT AND DECOR	R. INC.		
Street Address Principal Business (City	State	Zip
2766 Hartford	Ave		Johnston	RI	02919
1. Business Phone No.		5. State of Incorporation			6. SIC Cude
401-934-254	7	RHODE ISLAND			0
7. Brief Description of the Character	of Business Conducted				
B. NAMES AND ADDRESSES President Name		RS: ("X" BOX FOR ATTA	Vice President Name		ATTACHMENTS
Anna Ri	uggieri		Dario Ruggie	<u></u>	
Street Address 25 Mur	iel Ave		Street Address 25 Muriel Av	e	
Cilv	State	Zip	City	State	Zip
. NoProvidence.	l RI	02911	No. Providens	e RI	02911
	a Ruggieri		: Anna Ruggieri		
Street Address	,		Street Address		
25 Murie	T		25 Muriel Av		
City	State	Zip	City	State	Zip
No. Providence D. NAMES AND ADDRESSES Director Name	RI OF THE DIRECT	02911 ORS: <i>("X" BOX FOR AT</i>	: No. Providen TACHMENT) ☐ FILL I Director Name	CE RI N SPACES BEFORE USIN	02911 OF ATTACHMENTS
none					
Street Address			Street Address		
City	State	Zip.	City	State	Zip
Director Name		••••••	Director Name	••••••	
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	
Cuy	State	Zip	City	State	ZIp
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR A	ITTACHMENT)	: 11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACH	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	NO PAR VAL	UE
					
			•		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	31.04
Check No.	(80)
Ву:	<u> </u>
1	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and coptained herein are true and correct.	statements, and that all statements
Signature of Officer ANNA M. RUGG	Date
Print or Type Name of Officer PLES' I DENT	
Title of Officer	F 630 P 12/02

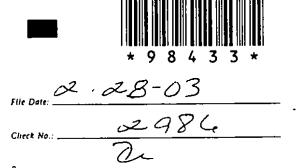
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

401-222-3040 STOP

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. Corporate ID No. 2. Name of Corporation 98433 NORTH SCITUATE PAINT AND DECOR, INC. State 3. Street Address Principal Business Office 2766 Hartford Ave 02919 Johnston RI 6. SIC Code 5. State of Incorporation 4. Business Phone No. n 401-934-2547 **RHODE ISLAND** 7. Brief Description of the Character of Rusiness Conducted in Rhode Island retail home decorating store
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Dario Ruggieri Anna Ruggieri Street Address Street Address 25 Muriel Ave 25 Muriel Ave Zip State City 02911 N._Providence RΙ N. Providence RI . 02911 Treasurer Name Secretary Name Cristina Ruggieri Anna Ruggieri Street Address Street Address 25 Muriel Ave 25 Muriel Ave City Providence RI 02911 02911 N. Providence RI FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name none Street Address Street Address City Zip City Director Name Director Name Street Address Street Address City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ESSUTED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Number of Shares Class/Serles Par Value 1,000 NO PAR VALUE 100 no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

that off statements contained herein are true and correct.

Signature of Officer

ANNIA RUGGIER,

Print or Type Name of Officer

RESIDENT

Title of Officer

Form 630 12/02

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

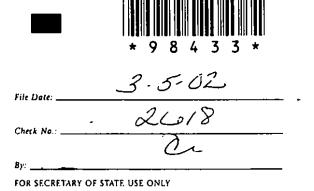
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

riting Perio	a: january 1-	-March 1 + r	mng ree. \$30.00			(1221 MOC
(FORM MUST BE	TYPED IN BLACK)				
1. Corporate ID No).	2. Name of Corporation	·			
98433		NORTH SCITUA	TE PAINT AND DECOR, IN	IC.		
3. Street Address P	rincipal Business Off	ice		City	State	ZIp
2766	Hartford	Ave		Johnston	RI	02919
4. Bustness Phone	No.		S. State of Incorporation			6. SIC Code
401-93 7. Brief Description		Business Conducted in R	RHODE ISLAND			0
re	tail home	e decorati	ng store			
8. NAMES Al	ND ADDRESSE	S OF THE OFFICE	ERS (*x* box for attache	Vice President Name	EFORE USING ATTACE	IMENTS
	Anna Rug	ggieri		. Dar	io Ruggieri	
Street Address	25 Murie	el Ave		Street Address 25 1	Muriel	
City		State	Zip	City	State	Zip
N. Pro	vidence	RI	02911	N. Providence	e RI	02911
Secretary Name				Treasurer Name	•	
	Anna Rug	ggieri		Anna R	uggieri	
Street Address	same as	above		Street Address Same a	s above	
City		State	ZIP	City	State	Zip
9. NAMES Al Director Name	ND ADDRESSE	S OF THE DIREC	TORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Street Address	none			Street Address		
Clty	• .	State .	Zip	City	State	Zip
Director Name	•	•		Director Name	•	
Street Address				Street Address		
City		State	Zip	City	State	Zip
10. SHARES /		(*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares		Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PA	R VALUE			100	No Par Va	lue

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and alhstatements contained herein are true and correct. Signature of Officer Print or Type Name of Officer Title of Officer Form 430 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1.	Corporate	117	NO	٠.			
		ς	8	4	3	3	

2. Name of Corporation

NORTH SCITUATE PAINT AND DECOR, INC.

	Street	Address	Principal	Business	Office
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2766 Hartford Ave

Johnston

RΙ

02919

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-934-2547

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

retail home decorating store

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

RI

President Name

Secretary Name

Street Address

CITY

City

City

Anna Ruggieri Street Address

25 Muriel Ave

N. Providence

Anna Ruggieri

same as above

State

Zip

02911

N. Providence

State

RI

02911

Treasurer Name

Street Address

Anna Ruggieri

Dario Ruggieri

25 Muriel Ave

Street Address

same as above

City

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name

none

Street Address

Street Address

Director Name

Street Address

City

Director Name

Street Address

State

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ZID

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

No Par Value 100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date-

FOR SECRETARY OF STATE USE ONLY

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.

Farm 630 12/00



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James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

No Par

and statements, and

riling Perioa	: january i	-march 1 • Fil	ing ree: \$30.00			ASTRU
(FORM MUST BE T	YPED IN BLACI	ĸ				
1. Corporate ID No.	122	2. Name of Corporation	•			
107. 3. Street Address Priv	つし ncipai business 0)	North Scit	uate Paint &	Decor, Inc.	State	Zip
2766 Ha 4. Business Phone No	rtford	Ave	5. State of Incorporation	Johnston	RI	02919 6. SIC Code
	934–254 of the Character o	7 f Business Canducted in Rho	Rhode Isl	and		444120
8. NAMES ANI President Name	retail D ADDRESSI	paint & dec es of the officer	cor abding - St IS (*x* BOX FOR ATTACHA	OT C MENT) Vice President Name		
Street Address	. Anna	Ruggieri		Dario Ruggie Street Address	ri	
City	25 Mur	iel Ave	Zip	25 Muriel Av	CE State	Zip
N. Provid Secretary Name	ence	RI	02911	N. Providence Treasurer Name	RI	02911
Da Street Address	rio Rug	gieri		Anna Ruggieri		
25 City	Muriel	Ave : State	Zip	25 Muriel Ave	State	Zip
N. Provid 9. NAMES AN Director Name		RI ES OF THE DIRECT	02911 ORS (*x* BOX FOR ATTAC	N. Providence CHMENT) Director Name	RI	02911
Street Address	Anna R	uggieri		Dario Ruggieri Street Address		
	25 Mur	iel Ave		25 Muriel Ave		
N. Provi	dence	R I	02911	N. Providence Director Name	RI	02911
Street Address				Street Address		
City		State	Zip	City	State	Zip
10. SHARES A		("X" BOX FOR ATTACHI	MENT)	11. SHARES ISSUED ("x" I	BOX FOR ATTACHMENT)	
Number of Shares		Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100

	4/3100	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.
File Date:	1873	Churchy Kugger 3-24-
Check No.:		Signature of Officer / Date ANNA M. RUGGIERI
Ву:	<u>Cc</u>	Print or Type Name of Officer DJ FC ' N C n / T
FOR SECRETARY OF	STATE USE ONLY	Title of Officer

No Par

Common .



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA	ICK)				. /	
1. Corporate ID No.	2. Name of Corporation			j		
98433		ATE PAINT AND	DECOR, INC.			
3. Street Address Principal Business	Office		City	State	Zip .	
2766 Hartford	_Ave		Johnston	· RI	02919	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
(401) 934-25		RHODE ISLAI	NU		4432	
7. Brief Description of the Characte						
Retail Hom	e Decorating	Center				
	SES OF THE OFFICE	RS (* <u>X* BOX FOR ATTA</u>	CHMENT) [FILL IN SPACES	BEFORE USING ATTACH	IMENTS	
President Name			Vice President Name	4		
	. Ruggieri		Dario Ruggie	T. I.		
Street Address 25 Mur	iel Ave		:	, a		
City	State	Zip	25 Muriel Av	State	Zip	
•		t	: '	1] *	
.NoProvidence]RI	02911	NoProvidenc	e! ^{R1}	02911	
Secretary Name			Anna Ruggie	eri		
Anna Ruggi		·	Street Address			
same a	s above ·		same as ab	oove		
City	State	Zip	City	State	Zip	
same as abov	e same as a	above	same as ab	ove same as	above	
9. NAMES AND ADDRES	SES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) 🗀 FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS	
Director Name	•		Director Name	_		
Anna_R	uggieri '		none			
Street Address	s above		Street Address			
		<u></u>	none			
City	State	Zip	City	State	zip none	
same as abo	ve same as	above	none	none	110116	
Director Name			Director Name			
none			none			
Street Address none			Street Address none			
City	State	Zip	City	State	Zip	
none	none	none	none	none	none	
10. SHARES AUTHORIZE		MENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES		ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
	···					
1,000 NO PAR VALI	JE		1000	none	no_par_value	
· • •			1000			
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Tima report must be sign	ica in ink by either	the riestuent, vice	e President, Secretary, Assi	istant Secretary, neasu	ter, Receiver or musice	
1 1881	8 (3)81 (5)() 8)882 (((66)())	IBB)				

•	,	•	
			Under penalty of perjury, I declare and affirm that I have examined
File Date:	May 3,99		this report, including any accompanying schedules and statements, and that all statements contained berein are true and correct. Signature of Officer Date
By:FOR SECRETARY (OF STATE USE ONLY		Anna Ruggieri Print or Type Name of Officer President Title of Officer