



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 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 98433		2. Name of Corporation NORTH SCITUATE PAINT AND DECOR, INC.		
3. Street Address Principal Business Office 2766 Hartford Ave		City Johnston	State RI	Zip 02919
4. Business Phone No. 401-934-2547		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO DISTRIBUTE HOME DECORATING MATERIALS AND SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Anna Ruggieri		Vice President Name Dario Ruggieri		
Street Address 25 Muriel Ave		Street Address 25 Muriel Ave		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI
Secretary Name Cristina Ruggieri		Treasurer Name Anna Ruggieri		
Street Address 25 Muriel Ave		Street Address 25 Muriel Ave		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name none		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
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



FILED	
File Date	APR 18 2005 4007
Check No.	46
By	UB
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.

Signature of Officer: Anna Ruggieri 4-11-05
Date: 4-11-05
Print or Type Name of Officer: ANNA RUGGIERI
Title of Officer: PRESIDENT



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 98433		2. Name of Corporation NORTH SCITUATE PAINT AND DECOR, INC.		
3. Street Address Principal Business Office 2766 Hartford Ave		City Johnston	State RI	Zip 02919
4. Business Phone No. 401-934-2547		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO DISTRIBUTE HOME DECORATING MATERIALS AND SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Anna Ruggieri		Vice President Name Dario Ruggieri		
Street Address 25 Muriel Ave		Street Address 25 Muriel Ave		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI
Secretary Name Cristina Ruggieri		Treasurer Name Anna Ruggieri		
Street Address 25 Muriel Ave		Street Address 25 Muriel Ave		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name none		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
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



* 9 8 4 3 3 *

File Date	3.1.04
Check No.	1082
By:	ICP
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.

Signature of Officer: Anna M. Ruggieri Date: 2-25-04
Print or Type Name of Officer: ANNA M. RUGGIERI
Title of Officer: PRESIDENT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

98433

2. Name of Corporation

NORTH SCITUATE PAINT AND DECOR, INC.

3. Street Address Principal Business Office

2766 Hartford Ave

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401-934-2547

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

President Name

Anna Ruggieri

Street Address

25 Muriel Ave

City

N. Providence

State

RI

Zip

02911

Secretary Name

Cristina Ruggieri

Street Address

25 Muriel Ave

City

N. Providence

State

RI

Zip

02911

Vice President Name

Dario Ruggieri

Street Address

25 Muriel Ave

City

N. Providence

State

RI

Zip

02911

Treasurer Name

Anna Ruggieri

Street Address

25 Muriel Ave

City

N. Providence

State

RI

Zip

02911

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

Director Name

none

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 9 8 4 3 3 *

File Date: 2-28-03

Check No.: 2986

By: [Signature]

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.

Signature of Officer

ANNA RUGGIERI

Date

2-26-03

Print or Type Name of Officer

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98433 2. Name of Corporation NORTH SCITUATE PAINT AND DECOR, INC.
3. Street Address Principal Business Office 2766 Hartford Ave City Johnston State RI Zip 02919
4. Business Phone No. 401-934-2547 5. State of Incorporation RHODE ISLAND 6. SIC Code 0
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

President Name Anna Ruggieri Vice President Name Dario Ruggieri
Street Address 25 Muriel Ave Street Address 25 Muriel
City N. Providence State RI Zip 02911 City N. Providence State RI Zip 02911
Secretary Name Anna Ruggieri Treasurer Name Anna Ruggieri
Street Address same as above Street Address same as above
City State Zip City State Zip

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

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

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



* 9 8 4 3 3 *

File Date: 3-5-02

Check No: 2618

By: [Signature]

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.

[Signature] 2-26-02
Signature of Officer Date

ANNA RUGGIERI
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 ID No. **98433** 2. Name of Corporation **NORTH SCITUATE PAINT AND DECOR, INC.**
3. Street Address Principal Business Office **2766 Hartford Ave** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **401-934-2547** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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**

President Name Anna Ruggieri Street Address 25 Muriel Ave City N. Providence State RI Zip 02911	Vice President Name Dario Ruggieri Street Address 25 Muriel Ave City N. Providence State RI Zip 02911
Secretary Name Anna Ruggieri Street Address same as above City State Zip 	Treasurer Name Anna Ruggieri Street Address same as above City State Zip

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

Director Name none Street Address City State Zip 	Director Name Street Address City State Zip
Director Name Street Address City State Zip 	Director Name Street Address City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series 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



* 9 8 4 3 3 *

File Date: 3/21/01
Check No.: 2206
By: 160

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.

Anna M. Ruggieri 2-22-01
Signature of Officer Date
ANNA RUGGIERI
Print or Type Name of Officer
TREASURER
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 48433 2. Name of Corporation North Scituate Paint & Decor, Inc.
3. Street Address Principal Business Office 2766 Hartford Ave Johnston RI 02919
4. Business Phone No. (401)934-2547 5. State of Incorporation Rhode Island 6. SIC Code 444120

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

retail paint & decorating - store

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name	Vice President Name
Anna Ruggieri	Dario Ruggieri
Street Address	Street Address
25 Muriel Ave	25 Muriel Ave
City	City
N. Providence	N. Providence
State	State
RI	RI
Zip	Zip
02911	02911
Secretary Name	Treasurer Name
Dario Ruggieri	Anna Ruggieri
Street Address	Street Address
25 Muriel Ave	25 Muriel Ave
City	City
N. Providence	N. Providence
State	State
RI	RI
Zip	Zip
02911	02911

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
Anna Ruggieri	Dario Ruggieri
Street Address	Street Address
25 Muriel Ave	25 Muriel Ave
City	City
N. Providence	N. Providence
State	State
RI	RI
Zip	Zip
02911	02911
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	No Par

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	C	No Par

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

File Date: 4/3/00

Check No.: 1873

By: [Signature]

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.

[Signature] 3-24-00
Signature of Officer Date
ANNA M. RUGGIERI
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 BLACK)



1. Corporate ID No. 98433		2. Name of Corporation NORTH SCITUATE PAINT AND DECOR, INC.			
3. Street Address Principal Business Office 2766 Hartford Ave			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 934-2547		5. State of Incorporation RHODE ISLAND			6. SIC Code 4432
7. Brief Description of the Character of Business Conducted in Rhode Island Retail Home Decorating Center					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anna M. Ruggieri			Vice President Name Dario Ruggieri		
Street Address 25 Muriel Ave			Street Address 25 Muriel Ave		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
Secretary Name Anna Ruggieri			Treasurer Name Anna Ruggieri		
Street Address same as above			Street Address same as above		
City same as above	State same as above	Zip same as above	City same as above	State same as above	Zip same as above
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anna Ruggieri			Director Name none		
Street Address same as above			Street Address none		
City same as above	State same as above	Zip same as above	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000	none	no par value

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



File Date: Mar 3, 99
Check No.: 1451
By: ASD

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.

Signature of Officer: Anna Ruggieri Date: 3-1-99
Print or Type Name of Officer: Anna Ruggieri
Title of Officer: President