



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

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 24 2020

BY TW47 DS

1. Entity ID Number 98433		2. Exact name of the Corporation North Scituate Paint & Decor, Inc.			
3. Principal Office Address 2766 Hartford Ave			City Johnston	State RI	Zip 02919
4. NAICS Code Trade <u>541410</u>		6. Brief description of the character of business conducted in Rhode Island retail location selling paint and other related products			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	State RI	Zip 02857
Secretary Name Anna 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	State RI	Zip 02857
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:		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 2/20/2020	
Signature of Authorized Representative					

MAIL TO:
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