



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:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904 2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov