State of Rhode Island

**Department of State - Business Services Division**

**Annual Report for the year:** 2021

**Corporation**

→ 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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 62062 | Eastern Point Center, Inc. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 1926 Smith Street | | North Providence | R.I. | 02911 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 441120 | Retail Paint wallcovering Sundries | | | |
| 5. State of Incorporation | | | | |
| R.I. | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| David J. Piscopiello | | | Angelo M. Balossone | | |
| Street Address | | | Street Address | | |
| 30 Rollingwood Drive | | | 29 David Drive | | |
| City | State | Zip | City | State | Zip |
| Johnston | R.I. | 02919 | Cranston | R.I. | 02920 |
| **Secretary Name** | | | **Treasurer Name** | | |
| David J. Piscopiello | | | Angelo M. Balossone | | |
| Street Address | | | Street Address | | |
| 30 Rollingwood Drive | | | 29 David Drive | | |
| City | State | Zip | City | State | Zip |
| Johnston | R.I. | 02919 | Cranston | R.I. | 02920 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | | | 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 ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | None | None | None |

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 | Date |
|---|---|
| David J. Piscopiello | 1/27/2021 |
| **Signature of Authorized Representative** | |
| David J. Piscopiello | |

KM

FEB 04 2021

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BY

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

FORM 630 - Revised: 08/2020