



State of Rhode Island and Providence Plantations
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.

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BUS SVCS DIV
2021 FEB 19 AM 10:37
STAMP
FOR
REPRESENTATIVE OF STATE
IN ATTORNEY

| | | | |
|---|---|---|--------------------------------------|
| 1. Entity ID Number 110470 | | 2. Exact name of the Corporation RONALD PARIS, INC. | |
| 3. Principal Office Address 64 WATER STREET | | City ATTLEBORO | State MA |
| | | Zip 02703 | |
| 4. NAICS Code 442110 | 6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE SALE OF FURNITURE AND THE REUPHOLSTRY OF FURNITURE | | |
| 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 RONALD PARIS, SR | | Vice-President Name SCOTT PARIS | |
| Street Address 80 WILD ACRES DRIVE | | Street Address 222 SUMMIT AVENUE | |
| City NORTH ATTLEBORO | State MA | City PROVIDENCE | State RI |
| Zip 02760 | | Zip 02906 | |
| Secretary Name RONALD PARIS, JR | | Treasurer Name RONALD PARIS, SR | |
| Street Address 38 HARMEN AVENUE | | Street Address 80 WILD ACRES DRIVE | |
| City SEEKONK | State MA | City NORTH ATTLEBORO | State MA |
| Zip 02771 | | Zip 02760 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name RONALD PARIS, SR | | Director Name | |
| Street Address 80 WILD ACRES DRIVE | | Street Address | |
| City NORTH ATTLEBORO | State MA | City | State |
| Zip 02760 | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| Changes require an additional filing. | | NUMBER OF SHARES 8,000 | CLASS/SERIES .01 PAR VALUE |
| | | PAR VALUE \$80.00 | |
| 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 RONALD PARIS, SR | | | Date 2-12-21 |
| Signature of Authorized Representative | | | |
| SIGN DOCUMENT HERE | | | |

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

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