



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2022**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FEB 16 2022

FOR
SECRETARY OF STATE
USE ONLY

BY

SS938

1. Entity ID Number 000031946		2. Exact name of the Corporation Providence Picture Frame Co. - Dryden Galleries, Ltd.									
3. Principal Office Address 1350 Mineral Spring Avenue			City North Providence		State RI						
					Zip 02904						
4. NAICS Code 453920		6. Brief description of the character of business conducted in Rhode Island art gallery, picture framing, digital printing									
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 Geoffrey Palmer Gaunt			Vice-President Name Susan Palmer Gaunt								
Street Address 1350 Mineral Spring Avenue			Street Address 1350 Mineral Spring Avenue								
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904						
Secretary Name Susan Kearney			Treasurer Name Geoffrey Palmer Gaunt								
Street Address 1350 Mineral Spring Avenue			Street Address 1350 Mineral Spring Avenue								
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
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 <input type="checkbox"/>								
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td colspan="3">300 shares common stock no par value</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300 shares common stock no par value		
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
300 shares common stock no par value											
Changes require an additional filing.											
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 Geoffrey P. Gaunt				Date 2/7/22							
Signature of Authorized Representative <i>[Signature]</i>											

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov