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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2022

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		
110470	RONALD PARIS, INC.		
3. Principal Office Address	City	State	Zip
64 WATER STREET	ATTLEBORO	MA	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 ☐

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	Zip: 02760	City: PROVIDENCE	State: RI	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	Zip: 02771	City: NORTH ATTLEBORO	State: MA	Zip: 02760

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

Director Name: RONALD PARIS, SR			Director Name		
Street Address: 80 WILD ACRES DRIVE			Street Address		
City: NORTH ATTLEBORO	State: MA	Zip: 02760	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000	.01 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	Date
RONALD PARIS, SR	4-29-2022

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

FORM 630 - Revised: 02/2017