



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation**2023**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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BUS. SVCS. DIV.
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1. Entity ID Number 000007438		2. Exact name of the Corporation Bob Frances Decorators, Inc.			
3. Principal Office Address 2179 Mineral Spring Avenue		City North Providence		State RI	Zip 02911
4. NAICS Code 811420		6. Brief description of the character of business conducted in Rhode Island Interior design			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Alan R. Gianfrancesco			Vice-President Name		
Street Address 101 Scituate Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
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 Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIES		
		100	Common	No Par	
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 Alan R. Gianfrancesco					Date 12/6/22
Signature of Authorized Representative 					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govDEC 09 2022
BY 1376
PS

FORM 630 - Revised: 11/2021