



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

check# 6932

FILED

FEB 09 2023

BY

1. Entity ID Number 000052748		2. Exact name of the Corporation Eastern Art & Frame Co., Inc.			
3. Principal Office Address 1376 Eddy Street			City Providence	State RI	Zip 02905
4. NAICS Code 236210		6. Brief description of the character of business conducted in Rhode Island manufacture and sale of picture frames			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Joseph Noonan			Vice-President Name Joanne Noonan		
Street Address 1376 Eddy Street			Street Address 1376 Eddy Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Joanne Noonan			Treasurer Name Joseph Noonan		
Street Address see above			Street Address see above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Joseph Noonan			Director Name		
Street Address see above			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			2,000		
			common		
			no par value		
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 Joanne Noonan					Date 2/7/2023
Signature of Authorized Representative X <i>Joanne Noonan</i>					

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: 11/2021