



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 FOR SECRETARY OF STATE
 USE ONLY
 RI DEPT. OF STATE
 2023 FEB 14 11:07

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		6. Brief description of the character of business conducted in Rhode Island art gallery, picture framing, digital printing			
5. State of Incorporation RI					
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		300 Common Shares with 0 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 Geoffrey Palmer Gaunt				Date 2/6/23	
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.gov

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 BY [Signature] 56500
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