



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

FILED
 MAR 14 2023
 BY *[Signature]*

- 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 000001690		2. Exact name of the Corporation AVEARY PIANO COMPANY, INC.			
3. Principal Office Address 256 W. BOSSET ST		City PROVIDENCE	State R.I.	Zip 02903	
4. NAICS Code 611610	6. Brief description of the character of business conducted in Rhode Island RETAIL PIANOS AND KEYBOARDS				
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTONINA RICCI			Vice-President Name CATHERINE ARRUDA		
Street Address 14 KAREN ANN DRIVE			Street Address 57 MAUREEN DRIVE		
City SMITHFIELD	State R.I.	Zip 02917	City SMITHFIELD	State R.I.	Zip 02917
Secretary Name CHRISTOPHER RICCI			Treasurer Name NONE		
Street Address 18 CAMBRIDGE CIRCLE			Street Address		
City SMITHFIELD	State R.I.	Zip 02917	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	COMMON	0.000
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 ANTONINA RICCI				Date 3/14/2023	
Signature of Authorized Representative <i>Antonina Ricci</i> SIGN DOCUMENT HERE					