RI SOS Filing Number: 202333596100 Date: 4/21/2023 4:00:00 PM

State of Rhode Island Department of State - Business Services Division Annual Report for the year: Corporation —> Filing period: February 1 - May 1 —> Filing Fee: \$50.00 —> Penalty: Additional \$25.00 fee if form is not filed by May 31.						FILED STAMP APR 21 2023 BY 14246		
1. Entity ID Number 001686097		2. Exact name of the Corporation Nick Paciorek Design, Inc.						
3. Principal Office Address	MICK T A	- Design	City		State		Zip	
58 Walcott Street			Pawtucke	et	RI		02860	
4. NAICS Code	6. Brief descr	iption of the charact	er of business c	onducted in RI	node Island			
236118 5. State of Incorporation RI	To create	To create original works of art.						
7. List ALL officers (names and a	ddresses)			(Check the box to	indicate a	n attachment	
President Name Nick Paciorek			Vice-President Name					
Street Address 58 Walcott Street			Street Address					
^{City} Pawtucket	State RI	^{Žip} 02860	City		State		Zip	
Secretary Name Nick Paciorek			Treasurer Name Nick Paciorek					
Street Address 58 Walcott Str	Street Address 58 Walcott Street							
^{City} Pawtucket	State RI	^{Zip} 02860	^{City} Pawtucket		State F	RI	^{Zip} 02860	
8. List ALL directors (names and	addresses)		<u> </u>		Check the box to	indicate a	an attachment 🔲	
Director Name Nick Paciorek			Director Name	·				
Street Address 58 Walcott Street			Street Address					
^{City} Pawtucket	State RI	^{2:p} 02860	City		State		Zip	
prector Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issu					n attachment	
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBLR OF	SHARES	CLASS/SFRIES Common		No Par Value		
						140 / 41 / 4140		
11. This report must be executed trustee, this report must be executed					corporation is in	the hand	s of a receiver or	
Under penalty of perjury, I dec statements, and that all statem	lare and affirm t	hat i have examine	ed this report, i	ncluding any	accompanying	schedule	s and	
Name of Authorized Representate Nick Paciorek		1			Date L	1 12	1,2	
Signature of Authorized Represe	majive	<i>f</i>				1 10	123	

MALVO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov