



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.

FILED
JUL 19 2023
STAMP
 BY *[Signature]*
 FOR SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 000004168		2. Exact name of the Corporation Art Supply Warehouse of Providence, Inc.			
3. Principal Office Address 6104 MADDY OAKS COURT			City RALEIGH	State NC	Zip 27616
4. NAICS Code 453998		6. Brief description of the character of business conducted in Rhode Island RETAIL ART SUPPLIES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID GOLDSTEIN			Vice-President Name IRA GOLDSTEIN		
Street Address 2 NORTHWOOD COURT			Street Address 7240 MANOR OAK DRIVE		
City WOODBURY	State NY	Zip 11797	City RALEIGH	State NC	Zip 27615
Secretary Name IRA GOLDSTEIN			Treasurer Name BOB MARCUS		
Street Address 7240 MANOR OAK DRIVE			Street Address 6104 MADDY OAKS COURT		
City RALEIGH	State NC	Zip 27615	City RALEIGH	State NC	Zip 27616
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 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
			100	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 BOB MARCUS, TREASURER/CFO				Date 4/17/23	
Signature of Authorized Representative <i>[Signature]</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