



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 23 2024

BY

18396
00

1. Entity ID Number 75905		2. Exact name of the Corporation Fine Art Investments, Ltd.			
3. Principal Office Address 2131 Providence Pike			City North Smithfield	State RI	Zip 02896
4. NAICS Code 453920		6. Brief description of the character of business conducted in Rhode Island The operation of a sales and distribution company for artistic prints and designs.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Domenic B. Rignanese			Vice-President Name Robin Rignanese		
Street Address 2131 Providence Pike			Street Address 2131 Providence Pike		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Robin Rignanese			Treasurer Name Domenic B. Rignanese		
Street Address 2131 Providence Pike			Street Address 2131 Providence Pike		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Domenic B. Rignanese			Director Name		
Street Address 2131 Providence Pike			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES		
			CLASS/ST-RIFS		
			300		Common
			None		
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.			Date 2/5/24		
Name of Authorized Representative Domenic B. Rignanese					
Signature of Authorized Representative 					

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: 12/2023