



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

8045 DS

1. Entity ID Number 000098433		2. Exact name of the Corporation North Scituate Paint & Decor, Inc.	
3. Principal Office Address 2766 Hartford Ave		City Johnston	State RI
		Zip 02919	
4. NAICS Code Retail Trade	6. Brief description of the character of business conducted in Rhode Island Retail location selling paint and other related products.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Anna Ruggieri		Vice-President Name Dario Ruggieri	
Street Address 35 Lotter Lane		Street Address 35 Lotter Lane	
City No. Scituate	State RI	City No. Scituate	State RI
Zip 02857		Zip 02857	
Secretary Name Anna Ruggieri		Treasurer Name Anna Ruggieri	
Street Address 35 Lotter Lane		Street Address 35 Lotter Lane	
City No. Scituate	State RI	City No. Scituate	State RI
Zip 02857		Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name none		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 100	CLASS-SERIES no par value
			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 Anna Ruggieri			Date 02/21/2024
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov