



State of Rhode Island

## Department of State - Business Services Division

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 Annual Report for the year: 2024  
 Corporation

- 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 <u>00001799</u>		2. Exact name of the Corporation <u>The Peaceable Kingdom</u>	
3. Principal Office Address <u>116 Ives St</u>		City <u>PROV</u>	State <u>RI</u>
4. NAICS Code <u>453920</u>		6. Brief description of the character of business conducted in Rhode Island <u>folk art gallery / retail store</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Philip A. Ritchie</u>		Vice-President Name <u>same</u>	
Street Address <u>116 Ives St</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02906</u>	
Secretary Name <u>Joan E. Ritchie</u>		Treasurer Name <u>same</u>	
Street Address <u>116 Ives St.</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02906</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	<u>STK</u>
			<u>0.0</u>
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 <u>JOAN E. RITCHIE</u>		Date <u>3/14/24</u>	
Signature of Authorized Representative <u>Joan E Ritchie</u>			

FILED

## MAIL TO:

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

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