



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.

REC'D RIDOS BSD
24 APR 5 AM 10:28:38
A.M.P

1. Entity ID Number 000031946		2. Exact name of the Corporation Providence Picture Frame Co. - Dryden Galleries, Ltd.			
3. Principal Office Address 1350 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. NAICS Code 453920		6. Brief description of the character of business conducted in Rhode Island art gallery, picture framing, digital printing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Geoffrey Palmer Gaunt			Vice-President Name Susan Palmer Gaunt		
Street Address 1350 Mineral Spring Avenue			Street Address 1350 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Catherine Ellis Duke			Treasurer Name Geoffrey Palmer Gaunt		
Street Address 1350 Mineral Spring Avenue			Street Address 1350 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common Shares	no par value
Changes require an additional filing.					
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 Geoffrey Palmer Gaunt				Date 3/25/24	
Signature of Authorized Representative				BY CPV 3k	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov