RI SOS Filing Number: 202566648300 Date: 3/4/2025 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

| Annual Report for the year: $20$ |
|----------------------------------|
|----------------------------------|

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

| FILED THE    |   |
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| MAR 0 4 2025 | _ |
| BY 7105      |   |

| → Penalty: Additional \$25            | 5.00 fee if form is no | ot filed by May 3   | <b>1</b> .                                   |                                    |                      |                  |  |  |
|---------------------------------------|------------------------|---|--|------------------------------------|----------------------|------------------|--|--|
| Entity ID Number                      | 2. Exact nam           | 2. Exact name of the Corporation  |  |                                    |                      |                  |  |  |
| 000052748                             | Easte                  | Eastern Art & Frame Co., Inc.   |  |                                    |                      |                  |  |  |
| 3. Principal Office Address           | <del>_</del>           |   | City   | City                               |                      | Zip              |  |  |
| 1376 Eddy Street                      |                        |   | Prov   | vidence                            | RI                   | 02905            |  |  |
| 4. NAICS Code                         | 6. Brief descr         | 6. Brief description of the character of business conducted in Rhode Island |  |                                    |                      |                  |  |  |
| 236210                                | manufac                | manufacture and sale of picture frames                                      |  |                                    |                      |                  |  |  |
| 5. State of Incorporation             | <del></del>            |   | •  |                                    |                      |                  |  |  |
| RI                                    |                        |   |  |                                    |                      |                  |  |  |
| 7. List ALL officers (names an        | d addresses)           |   |  | Check the                          | e box to indicate    | an attachment 🔲  |  |  |
| President Name                        |                        |   | Vice-Presi                                   | Vice-President Name                |                      |                  |  |  |
| Joseph Noonan                         |                        |   |  | Joanne Noonan                      |                      |                  |  |  |
| Street Address                        |                        |   |  | Street Address<br>1376 Eddy Street |                      |                  |  |  |
| 1376 Eddy Stree                       | State                  | Zip   | City   | Eudy Street                        | State                | Zıp              |  |  |
| City                                  |                        | 02905   | 1 '  | vidence                            | RI                   | 02905            |  |  |
| Providence<br>Secretary Name          | RI                     | 1 02903   |  | Treasurer Name                     |                      |                  |  |  |
| Joanne Noonan                         |                        |   |  | Joseph Noonan                      |                      |                  |  |  |
| Street Address                        |                        |   |  | Street Address                     |                      |                  |  |  |
| see above                             |                        |   | see  | see above                          |                      |                  |  |  |
| City                                  | State                  | Zip   | City   |                                    | State                | Zip              |  |  |
| 8. List ALL directors (names a        | and addresses)         | <u> </u>  | <u>.                                    </u> | Check the                          | e box to indicate    | an attachment 🔲  |  |  |
| Director Name                         | and addresses/         |   | Director N                                   |                                    |                      |                  |  |  |
| Joseph Noonan                         |                        |   |  |                                    |                      |                  |  |  |
| Street Address                        |                        |   | Street Add                                   | Iress                              |                      |                  |  |  |
| see above                             |                        |   |  |                                    |                      |                  |  |  |
| City                                  | State                  | Zip   | City   |                                    | State                | Zip              |  |  |
| Director Name                         | I                      | <u> </u>  | Director N                                   | ame                                | <u></u> _            |                  |  |  |
| Street Address                        |                        |   | Street Add                                   | fress                              |                      |                  |  |  |
| <u>_</u>                              |                        |   |  |                                    |                      |                  |  |  |
| City                                  | State                  | Zip   | City   |                                    | State                | Zip              |  |  |
| 9. Shares Authorized                  | 1                      | 10. Shares  | ssued  | Check th                           | ne box to indicate   | an attachment    |  |  |
| This information is currently of      | f record in the        |   | OF SHARE'S                                   | CLASS/SE                           |                      | PAR VALUE        |  |  |
| Department of State.                  |                        |   |  |                                    | ľ                    | _                |  |  |
| Changes require an additional filing. |                        | 2,000   |  | common                             | n                    | o par value      |  |  |
| Changes require an additional         | illing.                |   |  |                                    |                      |                  |  |  |
| 11. This report must be execu         | ited on behalf of the  | corporation by a  | n authorized re                              | presentative. If the co            | progration is in the | e hands of a re- |  |  |
| ceiver or trustee, this report n      | nust be executed or    | behalf of the cor   | poration by the                              | receiver or trustee.               |                      |                  |  |  |
| Under penalty of perjury, I           | declare and affirm     | that I have exam  | ined this repo                               | rt, including any acc              | companying scl       | nedules and      |  |  |
| statements, and that all sta          | tements contained      | herein are true   | and correct.                                 |                                    |                      |                  |  |  |
| Name of Authorized Represe            | ntative                |   |  |                                    | Date 7               | 01/2             |  |  |
| Joanne Noonan                         |                        |   |  |                                    | 3/0                  | 26/2025          |  |  |
| Signature of Authorized Repr          | espotative             | _   |  |                                    | ,                    | ,                |  |  |
| Signature of Authorized Repr          | 1/oon                  | an  |  |                                    |                      |                  |  |  |
| MAIL TO:                              |                        |   |  | <del>-</del>                       |                      |                  |  |  |

Division of Business Services

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