



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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
MAR 12 2025
BY 7081 02

1. Entity ID Number 000109945		2. Exact name of the Corporation DWC Wallcovering, INC.											
3. Principal Office Address 96 cobble hill rd		City lincoln	State RI	Zip 02865									
4. NAICS Code 238300		6. Brief description of the character of business conducted in Rhode Island painting and wallcovering											
5. State of Incorporation RI													
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐													
President Name Daniel W Campanaro		Vice-President Name											
Street Address 96 Cobble Hill Rd		Street Address											
City Lincoln	State RI	Zip 02865	City	State									
Secretary Name		Treasurer Name Maria L Canzonieri											
Street Address		Street Address 96 Cobble Hill Rd											
City	State	Zip	City Lincoln	State RI									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐													
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
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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 Daniel W Campanaro		Date 3/9/2025											
Signature of Authorized Representative 													