RI SOS Filing Number: 202217062130 Date: 5/2/2022 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
52748	Eastern	Eastern Art & Frame Co., Inc.							
Principal Office Address	<u> </u>		City		State	Zip			
1376 Eddy Street			Providen	ce	RI	02905			
4. NAICS Code	6. Brief descr	iption of the charac	ter of business	conducted in Rho	ode Island				
236210	manufact	manufacture and sale of picture frames							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names and	addresses)				heck the box to i	ndicate an attachment 🔲			
President Name Joseph Noonan			Vice-President Name Joanne Noonan						
Street Address 1376 Eddy Street			Street Address 1376 Eddy Street						
^{City} Providence	State RI	^{Zip} 02905	City Provid	ence	State RI	^{Zip} 02905			
Secretary Name Joanne Noon	Noonan		Treasurer Name Joseph Noonan						
Street Address see above			Street Address see above						
City	State	Zip	City		State	Zip			
8. List ALL directors (names ar	nd addresses)			C	heck the box to	ndicate an attachment			
Director Name Joseph Noona	ın		Director Nam	Director Name					
Street Address see above			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					
This information is currently of a	record in the	NUMBER OF SHARES		CLASS/	CLASS/SERIES PAR VALUE				
Department of State.		2,000		common		no par value			
Changes require an additional fi									
11. This report must be execute	ed on behalf of the	corporation by an a	authorized repre	sentative. If the o	corporation is in	the hands of a receiver or			
trustee, this report must be exe	ecuted on behalf of	the corporation by	the receiver or t	rustee.					
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									
Joanne Noonan O 4/22/3023									
Signature of Authorized Representative									
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov