RI SOS Filing	Number: 202	2447771130	Date: 2/28/2024 4:00:0	00 PM		
State of Rhode Islar Department of S		ess Services I	Division	FILE	FILED	
Annual Report for the year: 2024				FEB 2 8	FEB 2 8 2024	
Corporation → Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00	·	ot filed by May 31.		BY_	010	
1. Entity ID Number	2. Exact name	Exact name of the Corporation				
000052748	Eastern	Eastern Art & Frame Co., Inc.				
3. Principal Office Address 1376 Eddy Street			Providence	State RI	^{Zip} 02905	
4. NAICS Code 236210 5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island manufacture and sale of picture frames					
RI						
7. List ALL officers (names and addresses) President Name Joseph Noonan			Check the box to indicate an attachment Uvice-President Name Joanne Noonan			
Street Address 1376 Eddy Street			Street Address 1376 Eddy Street			
City Providence	State RI	^{Z_{IP}} 02905	Providence Providence	State RI	Z _{IP} 02903	
Secretary Name Joanne Noonan			Treasurer Name Joseph Noonan			
Street Address see above			Street Address see above			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment			
Director Name Joseph Noona	an		Director Name			
Street Address see above			Street Address			
City	State	Ζιρ	City	State	Zip	
Director Name		_	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Shares Authorized		10. Shares Iss	ued Chec	k the box to indicate a	n altachment 🔲	

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a r
ceiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.
Under another of portuge I declare and affirm that I have examined this report, including any accompanying schedules and

NUMBER OF SHARES

2,000

Under penalty of perjury, I declare and affirm that I have examine statements, and that all statements contained herein are true and correct. Date

Name of Authorized Representative

This information is currently of record in the

Changes require an additional filing.

Joanne Noonan

9. Shares Authorized

Department of State.

Signature of Authorized Representative

MAIL TO:

Division of Business Services

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

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

no par value

CLASS/SERILS

common .