



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401 222 3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 131730		2. Name of Corporation Anne Foxley Interiors, Inc.			
3. Street Address Principal Business Office 152 Mill Street			City Newport	State RI	Zip 02840
4. Business Phone No. 914-433-3151		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island The collection, acquisition & sale of antiques, decorative accessories, furniture, flowers, etc.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Judith Anne Foxley			Vice President Name Judith Anne Foxley		
Street Address 56 Prescott Avenue			Street Address 56 Prescott Avenue		
City Bronxville	State NY	Zip 10708	City Bronxville	State NY	Zip 10708
Secretary Name Judith Anne Foxley/Cristina Offenber, Asst. Secretary			Treasurer Name Judith Anne Foxley		
Street Address 56 Prescott Avenue/1100 Aquidneck Avenue			Street Address 56 Prescott Avenue		
City Bronxville/Middletown	State NY/RI	Zip 10708/02842	City Bronxville	State NY	Zip 10708
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000 Common/None	No Par		100	Common/None	No Par

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.

File Date **FILED**  
Check No. **OCT 15 2007**  
By: **15430**  
By: **FOR SECRETARY OF STATE USE ONLY**

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.

*Cristina M. Offenber* 10/3/07  
Signature Date  
**Cristina M. Offenber**  
Print or Type Name  
**Assistant Secretary**  
Title