



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
401.222.3030

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 000138975		2. Name of Corporation ART MART INC			
3. Street Address Principal Business Office 1222 SMITH STREET			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 4014900330		5. State of Incorporation			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF FOODS, SUNDRIES, NOVELTIES, TOBACCO					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MOHAMMAD E BARBOUR			Vice President Name MOHAMMAD E BARBOUR		
Street Address 1222 SMITH STREET			Street Address 1222 SMITH STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name MOHAMMAD E BARBOUR			Treasurer Name MOHAMMAD E BARBOUR		
Street Address 1222 SMITH STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MOHAMMAD E BARBOUR			Director Name		
Street Address 1222 SMITH STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	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
100		\$ 10.00	100		10
			THIS SECTION MUST BE COMPLETED		

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.

FILED

File Date: **MAR 28 2008**

Check No. **1259**

By: **KM**

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.

Signature: *Mohammad Barbour* Date: *02-23-08*

Print or Type Name: *Mohammad Barbour*

[Signature]