



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 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

**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. 310340	2. Name of Corporation Gallery Agniel, Inc.
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3. Street Address Principal Business Office 11 S. Angell Street, Ste. 352	City Providence	State RI	Zip 02906
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4. Business Phone No.	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island  
Art Gallery

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Sara Agniel	Vice President Name None
Street Address 11 S. Angell Street, Ste. 352	Street Address
City Providence	City
State RI	State
Zip 02906	Zip

Secretary Name Sara Agniel	Treasurer Name Sara Agniel
Street Address 11 S. Angell Street, Ste. 352	Street Address 11 S. Angell Street, Ste. 352
City Providence	City Providence
State RI	State RI
Zip 02906	Zip 02906

**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Sara Agniel	Director Name
Street Address same as above	Street Address
City	City
State	State
Zip	Zip

**9. SHARES AUTHORIZED**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
400	Common	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.

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: Sara Agniel Date: 2/2/09

Print or Type Name  
Sara Agniel  
President

File Date: 2-9-09  
Check No.: 3075  
By: MMC