

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 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. 7-1.2-150).

subject to a penalty fee of \$25.00.	•			ajier une sime preseriotea by ma	(R.I.G.L. /-1.2-1501(c&a)) u	
1. Corporate ID No.						
135384	Motyka Fin	e Arts, Inc.				
3. Street Address Principal Business Office 79 Chestnut Street			City Central Falls	State RI	^{Zip} 02863	
4. Business Phone No. 5. State of Incorporation		_				
401-7268786 Rhode Island						
6. Brief Description of the Character Proge in the busin to the exercit of the Character of	ess of sellim	reintime and other	art objects either which which will contain the containing the con	nolesale to busines ACES BEFORE USING A	ses or retail TTACHMENTS	
Stephen Motyka			None			
Street Address 79 Chestnut Street			Street Address			
City Central Falls	State RI	02863	City	State	Zip	
Secretary Name			Treasurer Name Stephen Motyka			
Street Address			Street Address			
			79 Chestnut Street			
City	State	Zip	City Central Falls	State RI	^{Zip} 02863	
8. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	ORS: ("X" BOX FOR ATT		PACES BEFORE USING	ATTACHMENTS	
Stephen Motyka			Director Name None			
Street Address 79 Chestnut Street			Street Address			
City Central Falls	State RI	^{Zip} 02863	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			100	Common	No par value	
This report must be executed this report must be executed	on behalf of the co	orporation by an authorize propration by the receiver of	d representative. If the corp or trustee.	poration is in the hands o	f a receiver or trustee,	
<u> </u>			including any accomp	anying schedules and staten	I have examined this report, nents, and that all statements	
File Date 2-25-09			contained herein are to	ue and correct.	0 12 10	
Check No			Signature Stephen Motyko	<u> </u>	Date	
Ву:	me	_	Stephen Motyka Print or Type Name			
FOR SECRETARY OF ST	ATE USE ONLY		President	· · · · · · · · · · · · · · · · · · ·		