Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

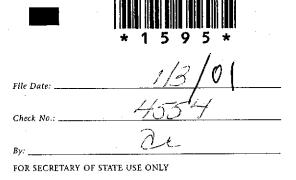
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 1595	2. Name of Corporation The Auction	Gallery, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
37 Bellevue Aver	nue		Newport	· RI	02840
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 841-5780		RHODE ISLAND			J
7. Brief Description of the Character	of Business Conducted in Rho	ode Island			
Estate Auctione	ers - auction a	antiques, painti	ngs, rugs, silve	r, etc.	
8. NAMES AND ADDRES President Name	SES OF THE OFFICE	RS ("X" BOX FOR ATTACHE	MENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTACE	IMENTS
Michael R. Coro	coran		None Street Address		
549 Paradise A	venue				
City	State	Zip	City	State	Zip
Middletown	RI	02842			
Secretary Name			Treasurer Name		
Elizabeth C. Behan			None		
Street Address			Street Address		•
9 Arnold Avenu	ae				
City	State	Zip	City	State	Zip
Newport	RI	02840	•		
9. NAMES AND ADDRES Director Name	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	CHMENTS
Michael R. Corcoran Street Address			None Street Address		
549 Paradise A	venue	3	i.		
City	State	Zip	City	State	Zip
Middletown  Director Name	RI	02842	Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 SHS NO PAR	COM		150 shs	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Muchael R. Corcoran 1/2/01
Signature of Officer Date

Michael R. Corcoran
Print or Type Name of Officer

President

Title of Officer

Form 630 12/00