



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 **37 Bellevue Avenue** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 841-5780** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Estate Auctioneers - auction antiques, paintings, rugs, silver, etc.

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

President Name Michael R. Corcoran Street Address 549 Paradise Avenue City Middletown State RI Zip 02842	Vice President Name None Street Address City State Zip
Secretary Name Elizabeth C. Behan Street Address 9 Arnold Avenue City Newport State RI Zip 02840	Treasurer Name None Street Address City State Zip

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

Director Name Michael R. Corcoran Street Address 549 Paradise Avenue City Middletown State RI Zip 02842	Director Name None Street Address City State Zip
Director Name None Street Address City State Zip 	Director Name None Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
300 SHS NO PAR COM		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
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



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File Date: 1/3/01

Check No.: 4554

By: Re

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.

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

Michael R. Corcoran
Print or Type Name of Officer

President
Title of Officer