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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
1595	Auction Gallery, Inc., The

3. Street Address Principal Business Office	City	State	Zip
37 Bellevue Avenue	Newport	RI	02840

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 841-5780	RHODE ISLAND	8888

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

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

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

[redacted] [redacted]

* 1595 *

File Date: 2-9-00

Check No.: 4115

By: AMF

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, an that all statements contained herein are true and correct.

Michael R. Corcoran 2/8/00
Signature of Officer *Date*

Michael R. Corcoran
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/9