

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Perioa: janua	ry 1-maten 1 • Filing ree: \$50.00	
(FORM MUST BE TYPED IN I	BLACK)	
1. Corporate ID No.	2. Name of Corporation	•
1595	Auction Gallery, Inc., The	ļ
3. Street Address Principal Business Office		City

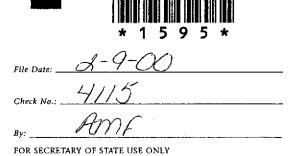
City	State	Zip
Newport	RI	02840

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

7. Brief Description of the Character of Business Conducted in Rhode Island

300 SHS NO PAR	COM		150 shs	Common	No par valu
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHMENT	r)
City	State	Zip	City	State	Zip
None Street Address			None Street Address		
Middletown Director Name	RI	02842	Director Name		
549 Paradise A	State	Zip	City	State	Zip
Michael R. Core			None Street Address		
Newport 9. NAMES AND ADDRE Director Name	RI SSES OF THE DIR	02840 ECTORS ("X" BOX FOR A	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATTA	ACHMENTS
9 Arnold Avens	ue State	Zŧp	City	State	Zip
Elizabeth C. Be Street Address	ehan		None Street Address		
Middletown Secretary Name	RI	02842	Treasurer Name		
549 Paradise A	venue State	Zip	City	State	Zip
Michael R. Corcoran Street Address		None Street Address			
Estate Auctione 8. NAMES AND ADDRE President Name	i i		ntings, rugs, silv FACHMENT) FILL IN SPACI Vice President Name	er, etc. Es before using attac	CHMENTS

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



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

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Michael R. Cotzo an	2	18	100
Signature of Officer	Date	į	

Michael R. Corcoran
Print or Type Name of Officer

President Title of Officer

Form 630 12/9