



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 02903-133.
401-222-3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office

City

State

Zip

1595
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 ~~& Appraisers~~, Auction antiques, 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

Louise T. Gagnon

None

Street Address

Street Address

72 Rhode Island Boulevard

City

State

Zip

City

State

Zip

Portsmouth

RI

02871

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)

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

AUTHORIZED SHARES

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



* 1 5 9 5 *

File Date: 1-1-99

Check No.: 4038

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

Michael R. Corcoran 12/28/98

Signature of Officer

Date

Michael R. Corcoran

Print or Type Name of Officer

President

Title of Officer