

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 1595
2. NAME OF CORPORATION Auction Gallery, Inc., The
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE c/o Gustave J. S. White Co. Auctioneers
37 Bellevue Avenue Newport RI 02840
4. BUSINESS PHONE NO. 401 841-5780
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Auctions

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Michael R. Corcoran	VICE PRESIDENT NAME None
STREET ADDRESS 549 Paradise Avenue	STREET ADDRESS
CITY STATE ZIP CODE Middletown RI 02842	CITY STATE ZIP CODE
SECRETARY NAME Loretta Casey	TREASURER NAME Loretta Casey
STREET ADDRESS 6 Admiralty Drive	STREET ADDRESS 6 Admiralty Drive
CITY STATE ZIP CODE Middletown RI 02842	CITY STATE ZIP CODE Middletown RI 02842

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Michael R. Corcoran	DIRECTOR NAME None
STREET ADDRESS 549 Paradise Avenue	STREET ADDRESS
CITY STATE ZIP CODE Middletown RI 02842	CITY STATE ZIP CODE
DIRECTOR NAME None	DIRECTOR NAME None
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
300 SHS	NO PAR COM		150 shares	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.

Michael R. Corcoran
Signature of Officer

Michael R. Corcoran, President
Print or Type Name of Officer

File Date: ~~12/27/95~~ **1/196**

Check No: 2887

By: *[Signature]*
For Secretary of State Use Only

President
Title of Officer

12/27/95
Date