

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)*d) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 153786	2. Name of Corporation Rhode Island Int	internet Consignment & Sales, Inc.			
3. Street Address Principal Business Office 1487 Smithfield Avenue			City Lincoln	State RI	^{Zip} 02865
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Purchase of Antiques and Co		Rhode Island			-
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name William Wolstenholme			CHMENT)		
Street Address 1487 Smithfield Avenue			Street Address		
City Lincoln,	State RI	^{Zip} 02865	City	State	Zip
Secretary Name William Wolstenholme			Treasurer Name		
Street Address 1487 Smithfield Avenue			Street Address		
City Lincoln	State RI	^{Zip} 02865	City	State	Zip
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	RS: ("X" BOX FOR ATT	TACHMENT) FILL Director Name	in spaces before usin	G ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J	l	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Sertes	Par Value
			500	common	no par
This report must be executed				e corporation is in the hand	ds of a receiver or trustee,
this report must be executed	on behalf of the cor	poration by the receiver	or irusiee.		
		_	including any ac	ccompanying schedules and s	that I have examined this repotate property and that all statement
File Date FILED			C. Marle	are true and correct de la	Abre)
Check No. MAR 0 8 2010 By: By / 5/			Signature William Wo	olstenholme	Date
			Print of Type Na		
FOR SECRETARY OF ST	ATE USE ONLY	_	Title		Form 630 Rev. 08/08