RI SOS Filing Number: 201067966050 Date: 10/05/2010 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company		
122669	ANTIQUES, APPRAISALS AND AUCTION SERVICES, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	ANTIQUES		
5. Principal office address	City	State	Zip
831 COWESETT ROAD	WARWICK	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
TODD J. BROWN	MANAGER		
Street Address	City	State	Zip
831 COWESETT ROAD	WARWICK	RI	02886

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
TODD J BROWN			
Street Address	Street Address		
831 COWESETT ROAD			
City / State / Zip	City	State	Zip
WARWICK / RI / 02886			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
E. COLBY CAMERON, ESQ.		
Address	City	Zip
301 PROMENADE STREET	PROVIDENCE	02908

OCT 5 12:31

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 122669 [redacted]

FILED
OCT 05 2010
BY 29131

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY
53686-15-555390

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.

9-20-10

Signature of Authorized Person *Date*

[redacted] TODD J. BROWN, MANAGER

Print or Type Name of Authorized Person

Form 632 Rev. 07/07