



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 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 4168	2. Name of Corporation Art Supply Warehouse of Providence, Inc.
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3. Street Address Principal Business Office 14 Imperial Place	City Providence	State RI	Zip 02903
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4. Business Phone No. (401) 331- 4530	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island
Retail Art Supplies

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name David Goldstein	Vice President Name Ira Goldstein
Street Address 2 Northwood Court	Street Address 7240 Manor Oak Drive
City Woodbury	City Raleigh
State NY	State NC
Zip 11797	Zip 27615

Secretary Name Ira Goldstein	Treasurer Name Bob Marcus
Street Address 7240 Manor Oak Drive	Street Address 6104 Maddry Oaks Ct
City Raleigh	City Raleigh
State NC	State NC
Zip 27615	Zip 27616

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 21 2011
By 144852
OS

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.

Signature _____ Date 6/10/11
Print or Type Name
Bob Marcus - Treasurer/CFO
Title