



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 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(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.	
3. Street Address Principal Business Office 14 Imperial Place		City Providence	State RI
		Zip 02903	
4. Business Phone No. (401) 331- 4530	5. State of Incorporation Rhode Island		
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	State NY	Zip 11797	City Raleigh	State NC	Zip 27615
Secretary Name Ira Goldstein			Treasurer Name Bob Marcus		
Street Address 7240 Manor Oak Drive			Street Address 6104 Maddy Oaks Ct		
City Raleigh	State NC	Zip 27615	City Raleigh	State NC	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	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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.

**FILED**

JUN 21 2011

By 146852

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 [Signature] Date 6/10/11

Print or Type Name

Bob Marcus - Treasurer/CFO

Title

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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