



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 115255		2. Name of Corporation ANTIQUES IN THE ATTIC, INC.		
3. Street Address Principal Business Office 363 PONTIAC AVE.		City CRANSTON	State RI	Zip 02910
4. Business Phone No. (401) 461-4422		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island SALES OF ANTIQUES AND COLLECTIBLES				
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DIANA C. GORDON		Vice President Name DIANA C. GORDON		
Street Address 363 PONTIAC AVE.		Street Address 363 PONTIAC AVE.		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI
Secretary Name DIANA C. GORDON		Treasurer Name DIANA C. GORDON		
Street Address 363 PONTIAC AVE.		Street Address 363 PONTIAC AVE.		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 100		10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares NONE	Class/Series N/A	Par Value NONE

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

File Date **JAN 30 2012**
 Check No. **By [Signature]**
 By: **4791**
 FOR SECRETARY OF STATE USE ONLY

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 **01/16/12**
 Print or Type Name **DIANA C. GORDON**
 Title **PRESIDENT**