

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

401.222.30

Filling Period: January 1 - March 1 • Filling 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(codd)) is subject to a negative fee of \$25.00

1. Corporate ID No. <b>51147</b>	Corporate Art (	2. Name of Corporation Corporate Art Group, Inc.				
3. Street Address Principal Business Office 5 Division Street - 2nd Floor 4. Business Phone No.			City East Greenwich	State Rhode Island	<sup>Zip</sup> 02818	
(401) 948 7200 401. 471. 6800 S. State of Incorporation RHODE ISLAND  Brief Description of the Character of Business Conducted in Rhode Island						
Consulting, Design and	scier of Business Conducted in Sales of Art Work.	Rhode Island				
7. NAMES AND ADDRES	SES OF THE OFFICERS	6: ("X" BOX FOR ATT	ACHMENT) □ FILLIN SP	ACES REEODE HEING		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAPESIDENT Name  Debra Capobianco			vice President Name			
Street Address			Nicole Capobianco			
5 Division Street - 2nd Floor			Street Address 5 Division Street - 2nd Floor			
East Greenwich	RI	<i>Ζίρ</i> <b>02818</b>	City East Greenwich	State RI	<i>Zip</i> 02818	
Secretary Name Debra Capobianco			Treasurer Name Debra Capobianco			
Street Address 5 Division Street - 2nd Floor			Street Address			
Chi			5 Division Street - 2nd Floor			
East Greenwich	RI	<sup>Zip</sup> <b>02818</b>	City: East Greenwich	State RI	<i>Ζ</i> φ <b>02818</b>	
Director Name	SES OF THE DIRECTOR	IS: ("X" BOX FOR AT	TACHMENT) TILL IN S	PACES BEFORE USING	ATTACHMENTS	
Debra Capobianco			Director Name			
street Address			Street Address			
5 Division Street - 2nd	<del></del>					
East Greenwich	State RI	Zψ 02040	City	State	Zip	
rector Name   RI   02818			**************************************			
			Director Name			
reet Address			Street Address			
in.	State	Ζiμ	City	State		
				эши	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUED ("	X" BOX FOR ATTACHM	  ENT  [ ]	
Pi			ISSUED SHARES — THIS SECTION	ON 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/Series	Par Value	
			500	COMMON	NO PAR VALUE	
his report must be execute	ed on behalf of the corp	oration by an authorize	d representative. If the corp			
his report must be execute	d on behalf of the corpo	ration by the receiver of	or trustee.	oration is in the hands of	a receiver or trustee,	
			Under penalty of perio	ry, I declare and affirm that	I house areaming disk:	
EIFN			including any accompa	anying schedules and statem	ents, and that all statemen	
ile Date			sontained herein are to	te and correct.		
	117		1 4W/6)	uun 1	.25.2012	
heck No. FEB 2 2 20	117		Signature Signature	DIANO-	Date	
W 163	93		DEBRA CĂPO	RIANCO		
			Print or Type Name PRESIDENT			
FOR SECRETARY OF S	TATE USE ONLY					
			Title		Form 630 Rev 08/08	