



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

552191

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 552191		2. Exact name of the Corporation ARTEE COLLECTIONS INC		
3. Principal office address 228 MAIN ST		City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-723-2400		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island HOME FURNISHING FABRIC STORE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name ARTI MEHTA		Vice-President Name SHEKHAR MEHTA		
Street Address 91 GOODNOW RD		Street Address 91 GOODNOW RD		
City SUDBURY	State MA	Zip 01776	City SUDBURY	State MA
Secretary Name SHEKHAR MEHTA		Treasurer Name SHEKHAR MEHTA		
Street Address 91 GOODNOW RD		Street Address 91 GOODNOW RD		
City SUDBURY	State MA	Zip 01776	City SUDBURY	State MA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.				

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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

APR 11 2012

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 of Authorized Representative: *Shekhar Mehta* Date: 4/11/2012

SHEKHAR MEHTA
Print or Type Name of Authorized Representative

File Date: _____
 Check No: _____
 By: *168444*
 FOR SECRETARY OF STATE USE ONLY

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