



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 000060632		2. Exact name of the Corporation ARTFACT, INC.			
3. Principal office address 38 EVERETT STREET			City ALLSTON	State MA	Zip 02134
4. Business Phone No. 617-746-9820		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island ONLINE AUCTION SALES DATABASE					
SECRETARY, DIRECTORS, NAMES AND ADDRESSES					
President Name ADAM KIRSCH			Vice-President Name		
Street Address 38 EVERETT STREET			Street Address		
City ALLSTON	State MA	Zip 02134	City	State	Zip
Secretary Name ADAM KIRSCH			Treasurer Name		
Street Address 38 EVERETT STREET			Street Address		
City ALLSTON	State MA	Zip 02134	City	State	Zip
LIST ALL DIRECTORS NAMES AND ADDRESSES					
Director Name ADAM KIRSCH			Director Name		
Street Address 38 EVERETT STREET			Street Address		
City ALLSTON	State MA	Zip 02134	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		524,000	COMMON	\$1.00	
		1,000	PREFERRED	\$1.00	

FILED
 APR 30 PM 12:13
 SECRETARY OF STATE
 CORPORATIONS DIV

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

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.

APR 30 2012

Signature of Authorized Representative _____ Date 4/12/12

ADAM KIRSCH
 Print or Type Name of Authorized Representative