



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **60632** 2. Name of Corporation **ArtFact, Inc.**  
3. Street Address Principal Business Office **1130 Ten Rod Road, Suite D201** City **North Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **401-295-2656** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**World's largest database of auction sale results on the Internet + CD Rom**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Stephen J. Abt III** Vice President Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City **East Greenwich** State **RI** Zip **02818** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name **William Holman** Treasurer Name \_\_\_\_\_  
Street Address **c/o TFW 40 West 57th St. 10th floor** Street Address \_\_\_\_\_  
City **New York** State **NY** Zip **10019** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **William Holman** Director Name **Samuel Teeple**  
Street Address **c/o TFW 40 West 57th St. 10th floor** Street Address **4774 SW Valley Rd**  
City **New York, NY** State **NY** Zip **10019** City **Delmar** State **CA** Zip **92014**

Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>525,000</b>	<b>\$1.00 PAR VALUE</b>	

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>416,383</b>	<b>Common</b>	<b>\$1.00</b>
	<b>1,000</b>	<b>Preferred</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 0 6 3 2 \*

File Date: 3/19/01

Check No.: 12584

By: 140

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 of Officer [Signature] Date 3/16/01  
Print or Type Name of Officer Stephen J. Abt III  
Title of Officer President & CEO