



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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 E104 N. Kingstown RI** City **RI** 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 decorative Fine Arts & Jewelry Auction information

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ON Form 20-BS

President Name **Stephen J Abt III** Vice President Name
Street Address **2 River Road** Street Address
City **E. Greenwich RI** State **RI** Zip **02818** City State Zip

Secretary Name **William Holman** Treasurer Name
Street Address **40 TFD 40 West 57th St 10th Fl** Street Address
City **New York NY** 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 **Sam Teeple**
Street Address **40 TFD 40 West 57th St 10th Fl** Street Address **4774 Sun Valley Rd**
City **New York NY** State **NY** Zip **10019** City **Del Mar CA** State **CA** Zip **92044**

Director Name Street Address City State Zip
Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000	\$1.00 PAR VALUE				
524,000	Common	\$1.00	406,383	Common	\$1.00
1,000	preferred	\$1.00	1,000	preferred	\$1.00

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



File Date: **1-11-99**
Check No.: **11598**
By: *[Signature]*
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 **12/31/98**
Print or Type Name of Officer **Stephen J Abt III**
Title of Officer **President & CEO**