



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

2015

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. 1595		2. Exact name of the Corporation THE AUCTION GALLERY, INC		
3. Principal office address 37 Bellevue Ave		City Newport	State RI	Zip 02840
4. Business Phone No. 401-841-5780		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island To conduct Auctions				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name Michael R Corcoran		Vice-President Name N/A		
Street Address 549 Paradise Avenue		Street Address		
City Middletown	State RI	Zip 02842	City	State
Secretary Name Anne Chase		Treasurer Name		
Street Address 60 Ruggles Ave		Street Address		
City Newport	State RI	Zip 02840	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name Michael R Corcoran		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) ☐				
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 no changes		CLASS/SERIES		PAR VALUE

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SECRETARY OF STATE
CORPORATIONS DIV
2015 APR -6 AM 11:49

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.

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

APR 06 2015

BY

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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

Date

Print or Type Name of Authorized Representative