STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
6100	The Fine Arts Realty, Inc.

3. Street Address Principal Business Office	City	State	Zip
66 Manistee Street	Pawtucket	RI	02861

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 725-9511	RHODE ISLAND	0000 5553

7. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate

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

President Name	Vice President Name
Samuel Peterson	Alice Rustigian
Street Address: 66 Manistee Street	Street Address: 24 Rosemere Road
City / State / Zip: Pawtucket / RI / 02861	City / State / Zip: Pawtucket / RI / 02861
Secretary Name	**Treasurer Name**
Elizabeth Peterson	Samuel Peterson
Street Address: 66 Manistee Street	Street Address: 66 Manistee Street
City / State / Zip: Pawtucket / RI / 02861	City / State / Zip: Pawtucket / RI / 02861

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

Director Name	Director Name
None	None
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	**Director Name**
None	None
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100 SHS NO PAR COM		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No Par

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

[redacted]

File Date: 1/20/99

Check No.: 1466

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Samuel Peterson 1/18/99
Signature of Officer *Date*

Samuel Peterson
Print or Type Name of Officer

[redacted] President
Title of Officer