



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 2016

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. 51147		2. Exact name of the Corporation Corporate Art Group, Inc.			
3. Principal office address 5 Division Street, Second Floor		City East Greenwich	State RI	Zip 02818	
4. Business Phone No. 401-471-8800		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Consultation, design and sales of artwork					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Debra Rerick		Vice-President Name Nicole Capobianco			
Street Address 5 Division Street, Second Floor		Street Address 5 Division Street, Second Floor			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Allisha A. Capobianco		Treasurer Name Allisha A. Capobianco			
Street Address 5 Division Street, Second Floor		Street Address 5 Division Street, Second Floor			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Debra Rerick		Director Name			
Street Address 5 Division Street, Second Floor		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. 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	
		500	Common	No Par Value	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					

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

JAN 13 2016

BY

14618352

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

Debra Rerick, President

Print or Type Name of Authorized Representative