



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>98100</b>		2. Name of Corporation <b>LPR Art Frames, Inc.</b>			
3. Street Address Principal Business Office <b>131 CLAY STREET</b>		P.O. BOX 189 MAILING ADDR.		City <b>CENTRAL FALLS</b>	State <b>RI</b>
4. Business Phone No. <b>401-723-2929</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>836</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>MANUFACTURE AND RESTORATION OF ART FRAMES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LESZEK MAZGAJ</b>			Vice President Name <b>NONE</b>		
Street Address <b>200 HEROUX BLVD. APT. 307</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>NONE</b>			Treasurer Name <b>LESZEK MAZGAJ</b>		
Street Address			Street Address <b>200 HEROUX BLVD. APT. 307</b>		
City	State	Zip	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



**FILED**

File Date: **FEB 28 2005** 2812  
Check No.:  
By: **LP**

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.

*Leszek Mazgaj*  
Signature of Officer Date: **02/24/05**  
**LESZEK MAZGAJ**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer