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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **98100**

2. Name of Corporation **LPR Art Frames, Inc.**

3. Street Address Principal Business Office 131 CLAY STREET

City P.O. BOX 189 Mailing Addr. CENTRAL FALLS

State RI

Zip 02863

4. Business Phone No. 401-723-2929

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **836**

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

THE MANUFACTURE OF WOOD BASED ART FRAMES

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

President Name LESZEK MAZGAJ
Street Address 200 HEROUX BLVD. APT. 307
City CUMBERLAND *State* RI *Zip* 02864

Vice President Name NONE
Street Address
City *State* *Zip*

Secretary Name NONE
Street Address
City *State* *Zip*

Treasurer Name LESZEK MAZGAJ
Street Address 200 HEROUX BLVD. APT. 307
City CUMBERLAND *State* RI *Zip* 02864

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

Director Name NONE
Street Address
City *State* *Zip*

Director Name NONE
Street Address
City *State* *Zip*

Director Name NONE
Street Address
City *State* *Zip*

Director Name NONE
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	**NO PAR VALUE**	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	COMMON	NO PAR VALUE

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

File Date: 2/20/03

Check No.: 1955

By: SL

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 *Date* 02/04/03

LESZEK MAZGAJ
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/02