



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98100
2. Name of Corporation LPR ART FRAMES, INC.
3. Street Address Principal Business Office 131 CLAY STREET
4. Business Phone No. 401 723-2929
5. State of Incorporation RHODE ISLAND

City CENTRAL FALLS State RI Zip 02863
6. SIC Code 0836

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
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

FILED

NOV 27 2002

By: [Signature] 595686
NOV 27 2002

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.

File Date: _____

[Signature] Date _____

Check No.: _____

LESZEK MAZGAJ
Print or Type Name of Officer

By: _____

PRESIDENT
Title of Officer

FOR SECRETARY OF STATE USE ONLY

Title of Officer