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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP
PLEASE READ INSTRUCTIONS

(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

City 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. Apr. 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 per value

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

[redacted]

98100

File Date: 9-25-01

Check No.: 1339

By: ac

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.

Signature of Officer [signature] *Date* 09/24/01

Print or Type Name of Officer Leszek Mazgaj

Title of Officer President

Form 630 12/00