



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
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** City **Central Falls** State **RI** Zip **02863**  
4. Business Phone No. **401-723-2929** 5. State of Incorporation **RHODE ISLAND** 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 <b>Leszek Mazgaj</b>	Vice President Name <b>None</b>
Street Address <b>567 High Street</b>	Street Address
City <b>C. Falls</b> State <b>RI</b> Zip <b>02863</b>	City State Zip

Secretary Name <b>None</b>	Treasurer Name <b>Leszek Mazgaj</b>
Street Address	Street Address <b>567 High Street</b>
City State Zip	City State Zip <b>C. Falls RI 02863</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 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)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<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



\* 9 8 1 0 0 \*

File Date: 1-11-99

Check No.: 1728

By: [Signature]

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] 1/3/99  
Signature of Officer Date

**Leszek Mazgaj**  
Print or Type Name of Officer

**President**  
Title of Officer