



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 4168		2. Exact name of the Corporation Art Supply Warehouse of Providence, Inc.				
3. Principal office address 6104 Maddy Oaks Ct.			City Raleigh	State NC	Zip 27616	
4. Business Phone No. 401-331-4530			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail Art Supplies						
7. OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>						
President Name David Goldstein			Vice-President Name Ira Goldstein			
Street Address 2 Northwood Court			Street Address 7240 Manor Oak Drive			
City Woodbury	State NY	Zip 11797	City Raleigh	State NC	Zip 27615	
Secretary Name Ira Goldstein			Treasurer Name Bob Marcus			
Street Address 7240 Manor Oak Drive			Street Address 6104 Maddy Oaks Ct.			
City Raleigh	State NC	Zip 27615	City Raleigh	State NC	Zip 27616	
8. DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED <input type="checkbox"/>						
10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



FILED

Feb 24 2016

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.

Bob Marcus 2/3/16
 Signature of Authorized Representative Date
Bob Marcus, Treasurer/CFO

Print or Type Name of Authorized Representative

by #26850le