



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

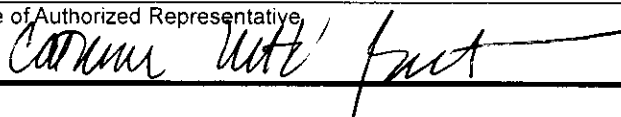
Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 2342		2. Exact name of the Corporation BERT GALLERY, INC.			
3. Principal Office Address 24 Bridge Street		City Providence		State RI	Zip 02903
4. NAICS Code 71 - Arts, Entertainment, and R	6. Brief description of the character of business conducted in Rhode Island Dealing in and with art work, antiques and collectibles.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Catherine Little Bert			Vice-President Name Dr. Arthur A. Bert		
Street Address 24 Bridge Street			Street Address 24 Bridge Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Dr. Arthur A. Bert			Treasurer Name Dr. Arthur A. Bert		
Street Address 24 Bridge Street			Street Address 24 Bridge Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		400		common	no par value
11. 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.					
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.					
Name of Authorized Representative Catherine Little Bert					Date 2/2/2017
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 15 2017

BY



FORM 630 - Revised: 02/2017