RI SOS Filing Number: 201737257510 Date: 3/2/2017 4:00:00 PM

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	2. Exact name of the Corporation
51147	**Corporate Art Group, Inc.**

3. Principal Office Address	City	State	Zip
42 Ladd Street, Suite 103	**East Greenwich**	**RI**	**02818**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade	**Art Dealer**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Debra Rerick**			Vice-President Name **Nicole Capobianco**		
Street Address **42 Ladd Street Suite 103**			Street Address **42 Ladd Street Suite 103**		
City **East Greenwich**	State **RI**	Zip **02818**	City **East Greenwich**	State **RI**	Zip **02818**
Secretary Name **Alisha A. Capobianco**			Treasurer Name **Alisha A. Capobianco**		
Street Address **42 Ladd Street Suite 103**			Street Address **42 Ladd Street Suite 103**		
City **East Greenwich**	State **RI**	Zip **02818**	City **East Greenwich**	State **RI**	Zip **02818**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Debra Rerick**			Director Name		
Street Address **42 Ladd Street Suite 103**			Street Address		
City **East Greenwich**	State **RI**	Zip **02818**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**500**	**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 of 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	Date
Debra Rerick, President	Feb 23, 2017

Signature of Authorized Representative: Debra Rerick

FILED
MAR 02 2017
BY 018855 DS

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

FORM 630 - Revised: 10/2016