



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 1595		2. Exact name of the Corporation The Auction Gallery, Inc.			
3. Principal Office Address 37 Bellevue Avenue			City Newport	State RI	Zip 02840
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island to conduct auctions			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael R. Corcoran			Vice-President Name		
Street Address 549 Paradise Ave			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Michael R. Corcoran			Treasurer Name		
Street Address 549 Paradise Ave			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael R. Corcoran			Director Name		
Street Address 549 Paradise Ave			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		150	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 Michael R. Corcoran				Date Feb. 16, 2017	
Signature of Authorized Representative <i>Michael R. Corcoran</i>					

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

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