



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation


→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

SECRETARY OF STATE
PROVIDENCE, RHODE ISLAND

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 453920		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 Check the box to indicate an attachment <input type="checkbox"/>					
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 1/23/2019	
Signature of Authorized Representative  SIGNATURE HERE					

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

FEB 11 2019

BY



FORM 630 - Revised: 10/2017