STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	*2. Name of Corporation*			
140621	Art and Soul, Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
370 Squantum Drive		Warwick	RI	02889
4. Business Phone No	*5. State of Incorporation*			*6. SIC Code*
(401) 463-3827	RHODE ISLAND			4630

7. Brief Description of the Character of Business Conducted in Rhode Island
ART WORK AND RETAIL GIFT SHOP

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Susan Shapiro			James M. Carroll		
Street Address			*Street Address*		
370 Squantum Drive			370 Squantum Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02889	Warwick	RI	02889
Secretary Name			*Treasurer Name*		
Susan Shapiro			James Carroll		
Street Address			*Street Address*		
370 Squantum Drive			370 Squantum Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02889	Warwick	RI	02889

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
Susan Shapiro			James M. Carroll		
Street Address			*Street Address*		
370 Squantum Drive			370 Squantum Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02889	Warwick	RI	02889
Director Name			*Director Name*		
none			none		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 NO PAR VALUE			100	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

[redacted]

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.

Susan Shapiro 3/1/05
Signature of Officer *Date*

Susan Shapiro
Print or Type Name of Officer

President
Title of Officer

[redacted]

FILED
File Date MAR 03 2005
Check No.
By
By:
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03