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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation
"94749"	WILLIAM VAREIKA FINE ARTS, LTD.

3. Street Address Principal Business Office	City	State	Zip
130 BELLEVUE AVENUE/ARTHUR MURPHY	NEWPORT	RI	02840

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4018497800	RHODE ISLAND	5884

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT THE BUSINESS OF AN ART GALLERY.

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

President Name	Street Address	City	State	Zip
William Vareika	212 Bellevue Avenue	Newport	RI	02840

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
William Vareika	212 Bellevue Avenue	Newport	RI	02840

Treasurer Name	Street Address	City	State	Zip
William Vareika	212 Bellevue Avenue	Newport	RI	02840

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

Director Name	Street Address	City	State	Zip
William Vareika	212 Bellevue Avenue	Newport	RI	02840

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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*
8,000 $.01 PAR VALUE			100	Common	$.01 par

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

[redacted] [redacted]

* 9 4 7 4 9 *

"94749" 1/24/03 1:48:49 PM
File Date 1/28/05
Check No. 6611
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — *Date* 01/23/05

William Vareika
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
94749	WILLIAM VAREIKA FINE ARTS, LTD.

3. Street Address Principal Business Office	City	State	Zip
130 BELLEVUE AVENUE/ARTHUR MURPHY	NEWPORT	RI	02840

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4018497800	RHODE ISLAND	5884

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT THE BUSINESS OF AN ART GALLERY.

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

President Name	Vice President Name
William Vareika	None
Street Address	**Street Address**
212 Bellevue Avenue	
City / State / Zip	**City / State / Zip**
Newport / RI / 02840	
Secretary Name	**Treasurer Name**
William Vareika	William Vareika
Street Address	**Street Address**
212 Bellevue Avenue	212 Bellevue Avenue
City / State / Zip	**City / State / Zip**
Newport / RI / 02840	Newport / RI / 02840

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

Director Name	Director Name
William Vareika	
Street Address	**Street Address**
212 Bellevue Avenue	
City / State / Zip	**City / State / Zip**
Newport / RI / 02840	
Director Name	**Director Name**
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*
8,000 $.01 PAR VALUE			100	Common	$.01 par

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

* 9 4 7 4 9 *

**94749* 1/24/03 43849 PM
FILED
File Date FEB 18 2004
Check No.
By By Blais GM
FOR SECRETARY OF STATE USE ONLY

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.

2/11/04
Signature of Officer *Date*

William Vareika
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
94749	WILLIAM VAREIKA FINE ARTS, LTD.			
3. Street Address Principal Business Office		**City**	**State**	**Zip**
130 BELLEVUE AVENUE/ARTHUR MURPHY		NEWPORT	RI	02840
4. Business Phone No.	**5. State of Incorporation**			**6. SIC Code**
4018497800	RHODE ISLAND			5884

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT THE BUSINESS OF AN ART GALLERY.

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

President Name	Vice President Name
William Vareika	None
Street Address	**Street Address**
212 Bellevue Avenue	
City / State / Zip	**City / State / Zip**
Newport / RI / 02840	
Secretary Name	**Treasurer Name**
William Vareika	William Vareika
Street Address	**Street Address**
212 Bellevue Avenue	212 Bellevue Avenue
City / State / Zip	**City / State / Zip**
Newport / RI / 02840	Newport / RI / 02840

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

Director Name	Director Name
William Vareika	
Street Address	**Street Address**
212 Bellevue Avenue	
City / State / Zip	**City / State / Zip**
Newport / RI / 02840	
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

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

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
8,000 $.01 PAR VALUE		

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

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100	Common	$.01 par

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

[redacted] *94749*

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.

1/28/03
Signature of Officer — *Date*

William Vareika
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12

**94749* 1/24/03 1:48:49 PM*
File Date 2-6-03
Check No 4563
By UP
FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*
94749	WILLIAM VAREIKA FINE ARTS, LTD.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
130 BELLEVUE AVENUE/ARTHUR MURPHY	NEWPORT	RI	02840

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
4018497800	RHODE ISLAND	5884

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT THE BUSINESS OF AN ART GALLERY.

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

President Name	*Vice President Name*
William Vareika	
Street Address	*Street Address*
212 Bellevue Avenue	
City / *State* / *Zip*	*City* / *State* / *Zip*
Newport / RI / 02840	
Secretary Name	*Treasurer Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

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

Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*
Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	$.01 PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	$.01 par

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

[redacted] *94749*

**94749* 7/25/021:43:51 PM*
File Date 8-26-02
Check No. 4095
By di
FOR SECRETARY OF STATE USE ONLY

[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.

8/10/02
Signature of Officer *Date*

William Vareika
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 94749

2. Name of Corporation: WILLIAM VAREIKA FINE ARTS, LTD.

3. Street Address Principal Business Office: c/o Arthur W. Murphy, Esq., 130 Bellevue Avenue — City: Newport — State: RI — 02840

4. Business Phone No.: (401) 849-7800

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 5884

7. Brief Description of the Character of Business Conducted in Rhode Island: To conduct the business of an art gallery

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

President Name: William Vareika
Street Address: 212 Bellevue Avenue
City: Newport — State: RI — Zip: 02840

Vice President Name: None
Street Address:
City — State — Zip:

Secretary Name: William Vareika
Street Address: 212 Bellevue Avenue
City: Newport — State: RI — Zip: 02840

Treasurer Name: William Vareika
Street Address: 212 Bellevue Avenue
City: Newport — State: RI — Zip: 02840

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

Director Name: William Vareika
Street Address: 212 Bellevue Avenue
City: Newport — State: RI — Zip: 02840

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	$.01 PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	$.01 Par

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

* 9 4 7 4 9 *

File Date: 5/14/2001

Check No.: 2849

By: QP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — Date: 4-11-01

William Vareika
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations
100 North Main Street, Providence, RI 0290
401-27

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94749

2. Name of Corporation William Vareika Fine Arts, Ltd.

3. Street Address Principal Business Office c/o Arthur W. Murphy, Esq., 130 Bellevue Avenue

City Newport *State* RI *Zip* 02840

4. Business Phone No. (401) 849-7800

5. State of Incorporation Rhode Island

6. SIC Code 5884

7. Brief Description of the Character of Business Conducted in Rhode Island

To conduct the business of an art gallery

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name William Vareika
Street Address 212 Bellevue Avenue
City Newport *State* RI *Zip* 02840

Vice President Name None
Street Address
City *State* *Zip*

Secretary Name William Vareika
Street Address 212 Bellevue Avenue
City Newport *State* RI *Zip* 02840

Treasurer Name William Vareika
Street Address 212 Bellevue Avenue
City Newport *State* RI *Zip* 02840

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name William Vareika
Street Address 212 Bellevue Avenue
City Newport *State* RI *Zip* 02840

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	Common	$.01 Par

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	$.01 Par

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

[redacted]

File Date: 3/7/2000

Check No.: 1609

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[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.

[signature] March 7, 2000
Signature of Officer *Date*

William Vareika
Print or Type Name of Officer

[redacted] President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
94749	WILLIAM VAREIKA FINE ARTS, LTD.

3. Street Address Principal Business Office	City	State	Zip
c/o Arthur W. Murphy, Esq., 130 Bellevue Avenue	Newport	RI	02840

4. Business Phone No.	5. [illegible]	6. SIC Code
(401) 849-7800	RHODE ISLAND	5884

7. Brief Description of the Character of Business Conducted in Rhode Island
To conduct the business of an art gallery

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

President Name	Vice President Name
William Vareika	None
Street Address	Street Address
212 Bellevue Avenue	
City / State / Zip	City / State / Zip
Newport / RI / 02840	
Secretary Name	**Treasurer Name**
William Vareika	William Vareika
Street Address	Street Address
212 Bellevue Avenue	212 Bellevue Avenue
City / State / Zip	City / State / Zip
Newport / RI / 02840	Newport / RI / 02840

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

Director Name	Director Name
William Vareika	
Street Address	Street Address
212 Bellevue Avenue	
City / State / Zip	City / State / Zip
Newport / RI / 02840	
Director Name	Director Name
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
8,000 $.01 PAR VALUE			100	Common	$.01 Par

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

[redacted]

* 9 4 7 4 9 *

[redacted]

File Date: 2/26/99

Check No.: 5859

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[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.

[signature] February 19, 1999
Signature of Officer *Date*

William Vareika
Print or Type Name of Officer

President
Title of Officer

Form 31 12/98

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
94749	WILLIAM VAREIKA FINE ARTS, LTD.

3. Street Address Principal Business Office	City	State	Zip
c/o Arthur W. Murphy 130 Bellevue Avenue	Newport	RI	02840

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 849-7800	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island
To conduct the business of an art gallery.

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐

President Name	Vice President Name
William Vareika	None
Street Address	**Street Address**
212 Bellevue Avenue	
City / State / Zip	**City / State / Zip**
Newport / RI / 02840	
Secretary Name	**Treasurer Name**
William Vareika	William Vareika
Street Address	**Street Address**
same as above	same as above
City / State / Zip	**City / State / Zip**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐

Director Name	Director Name
William Vareika	N/A
Street Address	**Street Address**
same as above	
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
NA*	N/A
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000	$.01 PAR VALUE	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	$.01par value

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

* 9 4 7 4 9 *

File Date: 2.27.98
Check No.: 7883
By: ICP

FOR SECRETARY OF STATE USE ONLY

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.

2/26/98
Signature of Officer *Date*

William Vareika
President/Secretary/Treasurer
Print or Type Name of Officer

Title of Officer