



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Corporation

JAN 29 2020

- Filing period: January 1 - March 1
 - Filing Fee: \$50.00
 - Penalty: Additional \$25.00 fee if form is not filed by April 1.
- CHECK # 317*

BY 317 OS

1. Entity ID Number 1659321		2. Exact name of the Corporation Atelier Newport Ltd.			
3. Principal Office Address 200 Bellevue Avenue			City Newport	State RI	Zip 02840
4. NAICS Code 453920		6. Brief description of the character of business conducted in Rhode Island To own, operate and manage an Art Gallery and/or for any other legal purpose			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lee Valentini			Vice-President Name Lee Valentini		
Street Address 270A Waterman Street			Street Address 270A Waterman Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Lee Valentini			Treasurer Name Lee Valentini		
Street Address 270A Waterman Street			Street Address 270A Waterman Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			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
9. Shares Authorized			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
			600	common	.0
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 Lee Valentini				Date 1/17/2020	
Signature of Authorized Representative <i>Lee Valentini</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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