



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

FEB 03 2020

BY

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1. Entity ID Number 000001595		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 512990 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 Margaret L. Caswell			Treasurer Name		
Street Address 19 Slocum St			Street Address		
City Newport	State RI	Zip 02840	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 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.					
10. Shares Issued 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 1/27/2021	
Signature of Authorized Representative <i>Michael R. Corcoran</i>				SIGN DOCUMENT 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

FORM 630 - Revised: 10/2016