



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

Corporations Division
100 North Main Str
Providence, RI 02903-13
401.222.36

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 134368		2. Exact name of the limited liability company ARTFUL EYE, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ANTIQUES DEALER	
5. Principal office address 222 Fishing Cove Rd		City N. Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kathryn A. Frate		Contact Title owner	
Street Address 222 Fishing Cove Rd		City N. Kingstown	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KATHRYN A. FRATE		Address	
Address 222 FISHING COVE ROAD		City NORTH KINGSTOWN	Zip 02852

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	11.02.05	*134368*
Check No.	174	
By:	1UP	
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.

Kathryn A. Frate 11/1/05
Signature of Authorized Person Date
KATHRYN A. FRATE
Print or Type Name of Authorized Person



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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KATHRYN A. FRATE		Contact Title OWNER			
Street Address 222 FISHING COVERD		City N. KINGSTOWN	State RI	Zip 02852	
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 4 3 6 8 *

File Date	10/8/04
Check No.	94
By:	is.
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.

Kathy A. Frate 10/6/04
Signature of Authorized Person Date
KATHRYN A. FRATE
Print or Type Name of Authorized Person