



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)

Form with sections: 1. Corporate ID No (118681), 2. Name of Corporation (BEEKMAN VIOLIN, INC.), 3. Street Address (1058 KINGSTOWN RD), 4. Business Phone No (401-284-0265), 5. State of Incorporation (RHODE ISLAND), 7. Brief Description of Business (SALES, RENTAL, REPAIR AND RESTORATION AND ACCESSORIES FOR VIOLIN FAMILY INSTRUMENTS AND THEIR BOWS), 8. NAMES AND ADDRESSES OF THE OFFICERS (STEPHEN A. BEEKMAN), 9. NAMES AND ADDRESSES OF THE DIRECTORS (NONE), 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (100).

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



File Date: 1-14-05
Check No: 1688
By: [Signature]

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: Stephen A. Beekman
Date: 1/12/05
Print or Type Name of Officer: STEPHEN A. BEEKMAN
Title of Officer: PRESIDENT

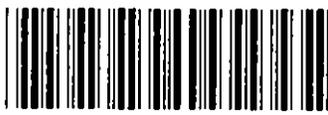


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 118681		2. Name of Corporation BEEKMAN VIOLIN, INC.			
3. Street Address Principal Business Office 1058 KINGSTOWN Rd			City PEACE DALE	State R.I	Zip 02879
4. Business Phone No. 401-284-0265		5. State of Incorporation RHODE ISLAND		6. SIC Code 9811	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES, RENTAL, REPAIR AND RESTORATION AND ACCESSORIES FOR VIOLIN FAMILY INSTRUMENTS AND THEIR BOWS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN A. BEEKMAN			Vice President Name NONE		
Street Address 17 LIBERTY ST.			Street Address N/A		
City WAKEFIELD	State RI	Zip 02879	City N/A	State N/A	Zip N/A
Secretary Name STEPHEN A. BEEKMAN			Treasurer Name STEPHEN A. BEEKMAN		
Street Address 17 LIBERTY ST.			Street Address 17 LIBERTY ST		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
Director Name NONE			Director Name NONE		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		N/A		N/A	N/A

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



\* 1 1 8 6 8 1 \*

File Date 1/14/04  
Check No 1479  
By [Signature]  
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] 1/13/04  
Signature of Officer Date  
STEPHEN A. BEEKMAN  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **118681**  
2. Name of Corporation **BEEKMAN VIOLIN, INC.**  
3. Street Address Principal Business Office  
**1058 KINGSTOWN Rd**  
4. Business Phone No. **401-284-0265**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**SALES, RENTAL, REPAIR + RESTORATION, + ACCESSORIES FOR VIOLIN FAMILY INST.**

City **PEACE DALE** State **RI** Zip **02879**  
6. SIC Code **9811**

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

President Name **STEPHEN A. BEEKMAN**  
Street Address **17 LIBERTY ST**  
City **WAKEFIELD** State **RI** Zip **02879**

Vice President Name **NONE**  
Street Address **N/A**  
City **N/A** State **N/A** Zip **N/A**

Secretary Name **STEPHEN A BEEKMAN**  
Street Address **17 LIBERTY ST.**  
City **WAKEFIELD** State **RI** Zip **02879**

Treasurer Name **STEPHEN A. BEEKMAN**  
Street Address **17 LIBERTY ST**  
City **WAKEFIELD** State **RI** Zip **02879**

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

Director Name **NONE**  
Street Address **N/A**  
City **N/A** State **N/A** Zip **N/A**  
Director Name **NONE**  
Street Address **N/A**  
City **N/A** State **N/A** Zip **N/A**

Director Name **NONE**  
Street Address **N/A**  
City **N/A** State **N/A** Zip **N/A**  
Director Name **NONE**  
Street Address **N/A**  
City **N/A** State **N/A** Zip **N/A**

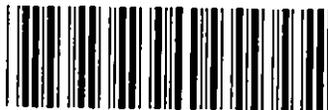
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	
		N/A

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

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR
		N/A

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



\* 1 1 8 6 8 1 \*

File Date: **1-14-03**  
Check No. **1261**  
By: **[Signature]**

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 **[Signature]** Date **1/13/03**  
Print or Type Name of Officer **STEPHEN A. BEEKMAN**  
Title of Officer **PRESIDENT**

**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: **118681** 2. Name of Corporation: **BEEKMAN VIOLIN, INC.**  
3. Street Address Principal Business Office: **1058 Kingstown Road** City: **Peace Dale** State: **RI** Zip: **02879**  
4. Business Phone No: **N/A** 5. State of Incorporation: **RHODE ISLAND** 6. SIC Code: **9811**  
7. Brief Description of the Corporation's Business: **Sales, rental, repair & restoration & accessories for Violin Family**

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

President Name	Stephen A. Beekman	Vice President Name	None
Street Address	1058 Kingstown Road	Street Address	N
City	Peace Dale	City	N/A
State	RI	State	N/A
Zip	02879	Zip	N/A
Secretary Name	Stephen A. Beekman	Treasurer Name	Stephen A. Beekman
Street Address	1058 Kingstown Road	Street Address	1058 Kingstown Road
City	Peace Dale	City	Peace Dale
State	RI	State	RI
Zip	02879	Zip	02879

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

Director Name	none	Director Name	none
Street Address	N/A	Street Address	N/A
City	N/A	City	N/A
State	N/A	State	N/A
Zip	N/A	Zip	N/A
Director Name	none	Director Name	none
Street Address	N/A	Street Address	N/A
City	N/A	City	N/A
State	N/A	State	N/A
Zip	N/A	Zip	N/A

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par
N/A	N/A	N/A

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



\* 1 1 8 6 8 1 \*

File Date: 2-22-02

Check No.: 1095

By: [Signature]

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.

Stephen A. Beekman 2/22/02  
Signature of Officer Date

Stephen A. Beekman

Print or Type Name of Officer  
President

Title of Officer