

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

3. Sireei Address Principal Bus 79 Chestnut Stree	Wolyka Fille /	2. Name of Corporation Motyka Fine Arts, Inc.					
	Iness Office	······································	City	State	Zip		
A Dusiness Dhana Ma	et		Central Falls	RI	02863		
4. Business Phone No.	Business Phone No. 5. State of Incorpora		ntion		6. SIC Code		
401-726-8786 Rhode Island				6883			
7. Brief Description of the Cha. Sale of paintings a			holesale to businesses	or retail to the	general pub		
President Name	SSES OF THE OFFI	CERS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS		
Stephen Motyka			- None				
Street Address			Street Address				
79 Chestnut Stree	:t		•				
City	State	Zip	City	State	Zip		
Central Falls	RI	02863			J		
Secretary Name			Treasurer Name				
None		·		Stephen Motyka			
Street Address			* Street Address				
			.79 Chestnut Street				
City	State	Zip	City	State	Zip		
<u> </u>		L	.Central Falls,	RI	02863		
Director Name	SSES OF THE DIRE	CTORS ("X" BOX FO	DRATTACHMENT) FILL IN SP. Director Name	CES BEFORE USING	ATTACHMENTS _		
Stephen Motyka			None	·····			
Street Address			-Street Address				
79 Chestnut Stree	t						
City	State	Zip	·City	State	Zip		
Central Falls	RI	02863	· , , • . ,	.	J <i></i>		
Director Name	· · · · ·		Director Name				
None			None				
Street Address			*Street Address	ress .			
City	State	Zip	:City	State	Zip		
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10. SHARES AUTHORIZ	ED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	m 🗆 🔝		
AUTHORIZED SHARES		ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Per Value		
	Common	No par	100	Common	No par		
1,000				, ·			

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Filé Date	1/21/05	
Check No.	1040	
В <u>у:</u>	DA	
FOR SECRET	ARY 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 Office Stephen Motyka Print or Type Name of Officer President

Form 630 12/01

Title of Officer





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

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Filing Period: January	1 - March 1 • Fi	ling Fee: \$50.00				
FORM MUST BE TYPED I						
I. Corporate ID No.	2. Name of Corpor					
135384	: Motyka Fine	Arts, Inc.				
3. Street Address Principal Bi	**		City	State	Zip	
79 Chestnut Str	eet	····	Central Falls	RI	02863	
4. Business Phone No.		5. State of Incorporat	tion		6. SIC Code	
401-726-8786		Rhode Island			6883	
7. Brief Description of the CF Sale of Paintings			olesals to businesses	or retail to gen	neral public.	
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	CES BEFORE USING A	TTACHMENTS	
Stephen Motyka			• None			
Sireei Addiress			Street Address			
79 Chestnut Str	reet		•			
City	State	Zip	City	State	Zip	
Central Falls	RI	02863	, c.i.y	Sie	1.4	
ecretary Name		. 102003	Treasurer Name	1		
None			Stephen Motyka			
Sireci Address			* Street Address			
ин сег лиигерр			.79 Chestnut Stre	et		
	State	Zip	*City	State	Zip	
Cay	Sittle	Eip	.Central Falls	RI	02863	
0 NAMEO AND ADDRESS	FOCES OF THE DIST	CTORS MOVE TO SEE				
9. NAMES AND ADDR Director Name	ESSES OF THE DIK	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN SP Director Name	ACES BEFORE USING	ATTACHMENTS	
Stephen Motyka			* None	· None		
Sireei Address		······	· Street Address	•••••••••••••••••••••••••••••••••••••••		
79 Chestnut Stre	eet		•			
City	State	Zip	•City	Store	Zip	
Central Falls	RI	02863	• '		, i	
Director Name			Director Name		<i></i>	
None			None			
Street Address			·Sircei Address			
			•			
City	State	Zip	,City	State	Zip	
10. SHARES AUTHOR	IZED WYT BOY FOR	ATTACKA SATE OF	11. SHARES ISSUED ("X"	POV FOR ATTACHIOE		
AUTHORIZED SHARES	INED ("X BOX FOR	ATTACHMENT) L	ISSUED SHARES	BOX FOR ALLACTIME!	''/ L	
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value	

1000	Common	No par	100	Common	No par	
Phia management to all			D - 1 - C			
inis report must be sig	gneu in ink by etine	r ine rresideni, vice	President, Secretary, Assist	ant secretary, treas	urer, Receiver or Trusii	
41 (1414 1113)	91100 (USD) 10111 CIS					
1 3			Hader penalty of perio	ary, I declare and affirm	that I have examined	
, ,	, , , , ,			any accompanying sche		
				contained herein are tr		
2 1	$\triangle A$					
File Date 5.0	· U7		TH21/1	0-11-5	4	
/ L I		- [Signature of Officer		Date	
Check No.			Stephen Mot	hvka		
111	1	-	Print or Type Name of C			
By: \\)			njicer		
<u> </u>	TE UPE ONLY	-	President			
FOR SECRETARY OF STA	ALE USE ONLY		Title of Officer		Form 630 12	