



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 IN BLACK)

1. Corporate ID No. 135384		2. Name of Corporation Motyka Fine Arts, Inc.			
3. Street Address Principal Business Office 79 Chestnut Street		City Central Falls	State RI	Zip 02863	
4. Business Phone No. 401-726-8786		5. State of Incorporation Rhode Island		6. SIC Code 6883	
7. Brief Description of the Character of Business Conducted in Rhode Island Sale of paintings and other art objects either wholesale to businesses or retail to the general public.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Motyka		Vice President Name None			
Street Address 79 Chestnut Street		Street Address			
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name None		Treasurer Name Stephen Motyka			
Street Address		Street Address 79 Chestnut Street			
City	State	Zip	City	State	Zip
Central Falls		RI	Central Falls,	RI	02863
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen Motyka		Director Name None			
Street Address 79 Chestnut Street		Street Address			
City	State	Zip	City	State	Zip
Central Falls		RI	Central Falls	RI	02863
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Central Falls		RI	Central Falls	RI	02863
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	Common	No par	100	Common	No par

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



1 3 5 3 8 4

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 Motyka
Print or Type Name of Officer

President
Title of Officer

Date
1/16/05

Filed Date

1/21/05

Check No.

1040

By:

DA

FOR SECRETARY OF STATE USE ONLY



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Central Falls	RI	02863			
Director Name None			Director Name None		
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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 Motyka
Print or Type Name of Officer
President
Title of Officer
Date
7-25-04

File Date 3-2-09
Check No. 1011
By: 100
FOR SECRETARY OF STATE USE ONLY