



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)

| | | | | | |
|---|--------------------|---|---|----------------------------|--------------|
| 1. Corporate ID No 126674 | | 2. Name of Corporation American Picture Frame, Inc. | | | |
| 3. Street Address, Principal Business Office 250 COWSETT AVENUE | | City WEST WARWICK | State RI | Zip 02893 | |
| 4. Business Phone No 401-615-9800 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 5804 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE AND SELL FRAMES, WITH OR WITHOUT ARTWORK OR OTHER MEDIA. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name TIMOTHY R ZAROGIAN | | | Vice President Name SAME AS PRESIDENT | | |
| Street Address 129 DAHLIA DRIVE | | | Street Address | | |
| City NO KINGSTOWN | State RI | Zip 02862 | City | State | Zip |
| Secretary Name SAME AS PRESIDENT | | | Treasurer Name SAME AS PRESIDENT | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name TIMOTHY R ZAROGIAN | | | Director Name | | |
| Street Address 129 DAHLIA DRIVE | | | Street Address | | |
| City NO KINGSTOWN | State RI | Zip 02852 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 | NOPAR |

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



File Date 3/15/05
Check No 1760
By [Signature]
FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
05 MAR 15 PM 2:08

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.
Timothy R Zarogian 3-13-05
Signature of Officer Date
TIMOTHY R ZAROGIAN
Print or Type Name of Officer
PRESIDENT
Title of Officer



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **126674**
2. Name of Corporation **American Picture Frame, Inc.**
3. Street Address Principal Business Office
250 COWSETT AVENUE WEST WARWICK RI 02893
4. Business Phone No. **401-615-9800** 5. State of Incorporation **RHODE ISLAND**
6. SIC Code **5884**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES PICTURE FRAMING

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **TIMOTHY R. ZAROOGIAN**
Street Address **129 DAHLIA DRIVE**
City **NO KINGSTOWN RI 02852**
Secretary Name **- SAME AS PRESIDENT -**
Street Address _____
City _____ State _____ Zip _____

FILL IN SPACES BEFORE USING ATTACHMENTS

Vice President Name **- SAME AS PRESIDENT -**
Street Address _____
City _____ State _____ Zip _____
Treasurer Name **- SAME AS PRESIDENT -**
Street Address _____
City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **TIMOTHY R ZAROOGIAN**
Street Address **129 DAHLIA DRIVE**
City **NO KINGSTOWN RI 02852**
Director Name **- NONE -**
Street Address _____
City _____ State _____ Zip _____

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **- NONE -**
Street Address _____
City _____ State _____ Zip _____
Director Name **- NONE -**
Street Address _____
City _____ State _____ Zip _____

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|-----------|
| 1,000 | NO PAR VALUE | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| 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 2 6 6 7 4 *

File Date: **7.25.03**

Check No.: **1214**

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: **7.14.03**

Print or Type Name of Officer: **TIMOTHY R. ZAROOGIAN**
PRESIDENT