



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 04 2024

5256

1. Entity ID Number 000002342		2. Exact name of the Corporation Bert Gallery, Inc.									
3. Principal Office Address 24 Bridge Street			City Providence	State RI	Zip 02903						
4. NAICS Code 453920		6. Brief description of the character of business conducted in Rhode Island Dealing in and with art work, antiques and collectibles.									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Catherine Little Bert			Vice-President Name Dr. Arthur A. Bert								
Street Address 24 Bridge Street			Street Address 24 Bridge Street								
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903						
Secretary Name Dr. Arthur A. Bert			Treasurer Name Dr. Arthur A. Bert								
Street Address 24 Bridge Street			Street Address 24 Bridge Street								
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>400</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	400	common	no par value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
400	common	no par value									
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.											
Name of Authorized Representative Catherine Little Bert				Date ✓ 3.29.2024							
Signature of Authorized Representative ✓ Catherine Little Bert											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov