

REC'D RIDOS BSD
24 OCT 17 PM 12:48:09



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000125691		2. Exact name of the Corporation Bartlett and Company Antiques Inc.			
3. Principal Office Address 365 Boston Neck Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island Buy and sell antiques			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Dunn			Vice-President Name John Dunn		
Street Address 50 South County Commons Way			Street Address 50 South County Commons Way		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name John Dunn			Treasurer Name John Dunn		
Street Address 50 South County Commons Way			Street Address 50 South County Commons Way		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		CLASS/SERIES
			1000		STK
			PAR VALUE		0.00
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 John Dunn				Date 10/17/2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 17 2024
BY: 9LEDW HA 12:58PM
FORM 630- Revised: 12/2023