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24 OCT 17 PM 12:47:32State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2016
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	
		PAR VALUE	
		1000	STK
			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

FILED

OCT 17 2024

BY 9CEDW

FORM 630- Revised: 12/2023