RI SOS Filing Number: 202460671170 Date: 10/17/2024 12:50:00 PM

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State of Rhode Island  Department of State - Business Services Division  Annual Report for the year:  Corporation						RIDOS BSD 17 PM12:47:25	
→ Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00		t filed by May 31.				:25	
1. Entity ID Number		2. Exact name of the Corporation Bartlett and Company Antiques Inc.					
000125691 3. Principal Office Address	Dartiett a		<u> </u>	es mc.	State	Zip	
3. Principal Office Address 365 Boston Neck Road			City Narragansett		RI	02882	
4. NAICS Code	6. Brief descrip	ntion of the characte	_	s conducted in Rhod			
453991	i '						
5. State of Incorporation	Buy and s	ell antiques					
Rhode Island							
7. List ALL officers (names and a	ddresses)				e box to indicate	an attachment 🗆	
President Name John Dunn			Vice-President Name John Dunn				
Street Address 50 South County Commons Way			Street Address 50 South County Commons Way				
<sup>City</sup> South Kingstown	State RI	<sup>Zip</sup> 02879	City Sou	th Kingstown	State RI	<sup>Žip</sup> 02879	
Secretary Name John Dunn			Treasurer Name John Dunn				
	unty Commo		Street Add	50 South C	County Comr		
<sup>City</sup> South Kingstown	State RI	<sup>Zip</sup> 02879	<sup>City</sup> South Kingstown		State RI	<sup>Zip</sup> 02879	
8. List ALL directors (names and	addresses)			Check th	e box to indicate	an attachment 🗖	
Director Name			Director Na	eme			
Street Address			Street Add	ress		·	
City	State	Zip	City		State	Zip	
Director Name	<del></del>	<u> </u>	Director Na	ame			
Street Address			Street Add	ress			
	- 10				10	15	
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu			ne box to indicate	an attachment  PAR VALUE	
This information is currently of re Department of State.	cord in the	ord in the NUMBER OF		SHARES CLASS/SERII		0.00	
Changes require an additional filing.		1000	<del></del>	SIK	10.0		
11. This report must be executed ceiver or trustee, this report must Under penalty of perjury, I ded	it be executed on l	behalf of the corpor	ation by the	receiver or trustee.			
statements, and that all stater. Name of Authorized Representa	nents contained i				Date		
John Dunn			Xt			10/17/2024	
Signature of Authorized Represe	entative		$\sqrt{\frac{1}{2}}$		FIL	.ED	
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rh Phone: (401) 222-3040 Website: www.sos.rl.gov	ode Island 97904-26	115	\2	1,300m		7 2024 30- R visib 12/2023	