| RI SOS Filing Nu | I SOS Filing Number: 202460670380 | | | Date: 10/17/2024 12:48:00 PM | | |
|--|--|--------------------------|---|------------------------------|----------------|--|
| State of Rhode Island Department of State - Business Services Division Annual Report for the year: Corporation Filing period: February 1 - May 1 | | | | | 17 PM12:47:13 | חזהחכ מכח |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | • | ed 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 | | | | ansett | State RI | Zip 02882 |
| 4. NAICS Code 453991 5. State of Incorporation Rhode Island | 6. Brief description of the character of business conducted in Rhode Island Buy and sell antiques | | | | | |
| 7. List ALL officers (names and addresses) President Name John Dunn | | | Check the box to indicate an attachment Urice-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 Sou | th 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 a Director Name | addresses) | | Director Na | | ox to indicate | an attachment 🗀 |
| 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 This information is currently of rec | ord in the | 10. Shares Issu | | Check the t | | e an attachment PAR VALUE |
| Department of State. Changes require an additional filing. | | 1000 | | STK 0.00 | | |
| | | | | | | 11. This report must be executed ceiver or trustee, this report must |
| Under penalty of perjury, I deci | are and affirm that | l have examine | d this repor | t, including any accor | npanying so | hedules and |
| statements, and that all statements contained herein are true and Name of Authorized Representative | | | | | Date | |
| John Dunn | | | | | 10/17/ | 2024 |
| Signature of Authorized Representative FIVED | | | | | | · · · · · · · · · · · · · |
| MAIL TO: Division of Business Services 148 W. River Street, Providence, Rho | de Island 02904-2615 | (| OCT 17 | 2024 | 12: | 18 DI |

Phone: (401) 222-3040 Website: www.sos.rl.gov

FORM 630- Revised: 12/2023