



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 125691		2. Name of Corporation BARTLETT AND COMPANY ANTIQUES INC.	
3. Street Address Principal Business Office 120 OLD BOSTON NECK ROAD		City NARRAGANSETT	State RI
4. Business Phone No. 4017821111		5. State of Incorporation RHODE ISLAND	
6. SIC Code 4614			
7. Brief Description of the Character of Business Conducted in Rhode Island BUY AND SELL ANTIQUES			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SARAH BARTLETT			Vice President Name NONE		
Street Address 120 OLD BOSTON NECK RD.			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SARAH BARTLETT			Director Name NONE		
Street Address 120 OLD BOSTON NECK RD.			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000		NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date **FILED**

Check No. MAR 08 2005

By _____ By _____

FOR SECRETARY OF STATE USE ONLY

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.

Sarah Bartlett 2/28/05
Signature of Officer Date

SARAH BARTLETT

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



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4. Business Phone No. 4017821111		5. State of Incorporation RHODE ISLAND			6. SIC Code 4614
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8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SARAH BARTLETT			Vice President Name NONE		
Street Address 120 OLD BOSTON NECK ROAD			Street Address		
City NARRAGANSETT	State RI	Zip 02879	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SARAH BARTLETT			Director Name NONE		
Street Address 120 OLD BOSTON NECK ROAD			Street Address		
City NARRAGANSETT	State RI	Zip 02879	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		1,000		NO PAR VALUE

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STATE
JAN 22 1 03 PM '04

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date JAN 22 2004

Check No. By m18039CAM

By: By m18039CAM

FOR SECRETARY OF STATE USE ONLY

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.

Sarah Bartlett 1/18/04
Signature of Officer Date
Sarah Bartlett
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *125691*		2. Name of Corporation BARTLETT AND COMPANY ANTIQUES INC.			
3. Street Address Principal Business Office 120 OLD BOSTON NECK RD.		City NARRAGANSETT	State RI	Zip 0289	
4. Business Phone No. (401) 782-1111		5. State of Incorporation RHODE ISLAND			6. SIC Code 4614
7. Brief Description of the Character of Business Conducted in Rhode Island BUY AND SELL ANTIQUES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SARAH BARTLETT			Vice President Name NONE		
Street Address 120 OLD BOSTON NECK ROAD			Street Address .		
City NARRAGANSETT	State RI	Zip 02882	City .	State .	Zip .
Secretary Name NONE			Treasurer Name NONE		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SARAH BARTLETT			Director Name NONE		
Street Address 120 OLD BOSTON NECK RD			Street Address .		
City NARRAGANSETT	State RI	Zip 02882	City .	State .	Zip .
Director Name NONE			Director Name NONE		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		1,000	NO PAR VALUE	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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**125691* 2/4/03 4:44:26 PM*

File Date 4.1.03

Check No. 9069

By: 90P

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer
SARAH BARTLETT
Print or Type Name of Officer
PRESIDENT
Title of Officer
Date 2/4/03