

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00

FORM MUST BE TYPED .					
1. Corporate ID No.	2. Name of Corpo		7101150 1110		
125691		AND COMPANY AN	ITIQUES INC.		
3. Street Address Principal Business Office		City	State	Zip	
120 OLD BOSTON NECK ROAD			NARRAGANSETT	RI	02882-
4. Business Phone No. 5. State of Incorpora				6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island		ND		4614	
7. Brief Description of the C BUY AND SELL ANTI		ducted in Rhode Island			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("N" BOX FOR	ATTACHMENT) 41LL, IN SPA	CES BEFORE USING A	TTACHMENTS
President Name SARAH BARTLETT			Vice President Name NONE		
Sircei Address			Street Address		
120 OLD BOSTON	NECK RD		. Sireel Maaress		
City	State	Zip	City	State	17in
NARRAGANSETT	RI	02882	·Chy	Siale	Zip
Secretary Name	!		Treasurer Name	!	.
NONE			NONE		
Sireet Address			* Sircei Address		
			•		
City	State	Zip	*City	State	Zip
			• •		
9. NAMES AND ADDR	ESSÉS OF THE DIR	ECTORS ("V" BOX FO	RATTICHMENT) FILL IN SI	PACES BEFORE USING	AFFACHMENTS
Director Name			Director Name		
SARAH BARTLETT			NONE		
Street Address			· Sircei Address		
120 OLD BOSTON 1	NECK RD.		•		
City	State	Zip	·City	State	Zip
NARRAGANSETT	RI	02882	•		
Director Name		· • • • • • • • • • • • • • • • • • • •	Director Name		
NONE			NONE		
Street Address			·Street Address		
Cia.	- ISlate	Tau	•,,	1.5	
City	State	Zip	.City	State	Zip
IO CHARRE A LITHOR	1250				
IO. SHARES AUTHORIZED ("N" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
					
1,000 NO PAR VALUE			1000		NO PAR VALUE
· · · · · · · · · · · · · · · · · · ·					
This report must be sig	g <mark>ned in ink</mark> by eithe	r the President, Vice	President, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Trustee
81 (1818 113.8)	SIJIA AIIIA KAKAI IIA				
1 2	5 6 9 1		Under negative of perio	ry, I declare and affirm	that I have examined
				my accompanying sche	
125691 DBC 01/25	/05 01:47:57 DNA			contained herein are to	
	FILED	1	h. D	-11.11 -	
File Date	FILEV	-	Luar Jal	TUHT 2	<u> 1787/05</u>
Check No.	MAR 0 8 2005	Ì	Signature of Officer	T. CTT	Date !
CHECK NO.	0 0 2003	-	SARAH BAR		
B_{Y} :	Зу		Print or Type Name of O	•	
			PRESIDENT	-	
FOR SECRETARY OF STATE USE ONLY			Title of Officer	-	Form 630 12/01



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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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 125691 BARTLETT AND COMPANY ANTIQUES INC. 3. Street Address Principal Business Office City State Zip 120 OLD BOSTON NECK ROAD NARRAGANSETT RI 02882-4 Business Phone No. 5. State of Incorporation 6. SIC Code 4017821111 RHODE ISLAND 4614 7. Brief Description of the Character of Business Conducted in Rhode Island BUY AND SELL ANTIQUES 8. NAMES AND ADDRESSES OF THE OFFICERS ("Y" BOX FOR ALLACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name SARAH BARTLETT . NONE Street Address Street Address 120 OLD BOSTON NECK ROAD State City Žιρ City State Zip RI NARRAGANSETT 02879 Secretary Name Treasurer Name NONE NONE Street Address Street Address City State Zip *City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | PILL IN SPACES BEFORE USING ATTACHMENTS (" Director Name 震 SARAH BARTLETT · NONE Street Address Street Address 120 OLD BOSTON NECK ROAD Z_{ip} City State State ·City 111 NARRAGANSETT RI 02879 Director Name Director Name NONE NONE Street Address ·Street Address City State .City Zip Zip. State 10. SHARES AUTHORIZED ("Y" BOX FOR 4174CHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Class/Series Par Value Number of Shares Class/Series Number of Shares 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

1 2 5 6 9 1	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,			
125691 DBC 012004 12:06-19 PM*	and that all statements contained herein are true and correct.			
heck No. JAN 22 2004	Signature of Officer Routh H			
DR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Form 630 12/0			
	rule of Officer Form 630 12/0			



FOR SECRETARY OF STATE USE ONLY

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

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Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation BARTLETT AND COMPANY ANTIQUES INC. *1256911 3. Street Address Principal Business Office City State Zip 120 OLD BOSTON NECK RD. NARRAGANSETT RI 0289 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 782-1111 **RHODE ISLAND** 4614 7. Brief Description of the Character of Business Conducted in Rhode Island BUY AND SELL ANTIQUES 8. NAMES AND ADDRESSES OF THE OFFICERS J"X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name SARAH BARTLETT · NONE Strees Address Street Address 120 OLD BOSTON NECK ROAD City City State Zip State Zip NARRAGANSETT RI 02882 Secretary Name Treasurer Name NONE NONE * Street Address Street Address City State City Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name SARAH BARTLETT , NONE Street Address · Street Address 120 OLD BOSTON NECK RD City Zip City State Zρ NARRAGANSETT RI 02882 Director Name Director Name NONE NONE Street Address ·Street Address City State Zip City State 250 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shores Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 1,000 HO PORUGILUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. **125691* 2/4/034:44;26 PM* File Date >4° Signature of Officer 906 Check No. SARAH BARTLETT

Print or Type Name of Officer
PRESIDENT

Form 630 12/01

Title of Officer