State of Rhode Island
Department of State - Business Services Division

FILED STAMP
MAR 04 2025
BY 1163

Annual Report for the year: 2025
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	2. Exact name of the Corporation			
001746765	PHILIP ZEXTER ANTIQUES, INC.			
3. Principal Office Address		City	State	Zip
20 NEWMAN AVENUE, # 7001		RUMFORD	RI	02916
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
459510	SALE OF ANTIQUES AND RELATED ITEMS			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name PHILIP ZEXTER			Vice-President Name		
Street Address 20 NEWMAN AVENUE, #7001			Street Address		
City RUMFORD	State RI	Zip 02916	City	State	Zip
Secretary Name PHILIP ZEXTER			Treasurer Name PHILIP ZEXTER		
Street Address 20 NEWMAN AVENUE, #7001			Street Address 20 NEWMAN AVENUE, #7001		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name PHILIP ZEXTER			Director Name		
Street Address 20 NEWMAN AVENUE, #7001			Street Address		
City RUMFORD	State RI	Zip 02916	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS(ES)	PAR VALUE
Changes require an additional filing.	0	CNP	$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	Date
PHILIP ZEXTER	
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

FORM 630- Revised 12/2023