

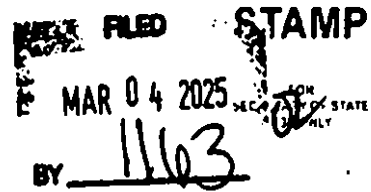


State of Rhode Island
Department of State - Business Services Division

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 001746765		2. Exact name of the Corporation PHILIP ZEXTER ANTIQUES, INC.			
3. Principal Office Address 20 NEWMAN AVENUE, # 7001			City RUMFORD	State RI	Zip 02916
4. NAICS Code 459510		6. Brief description of the character of business conducted in Rhode Island 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		CLASSIFIED	PAY 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 PHILIP ZEXTER					Date
Signature of Authorized Representative					