

Check No.

080050

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. 2009

* In accordance with R.I.G.L. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation	failing or refusing to file its anni	ual report within thirty (30) de	ays after the time prescribed by las	บ (R.I.G.L. /-1.2-1501(c&d)) ห
1. Corporate ID No. 134259	2. Name of Corporation Studio1011 Inc				
3. Street Address Principal Business Office 200 Allens Ave, Unit 8, Floor 3			^{City} Providence	State RI	^{Zip} 02903
4. Business Phone No. 401-223-0643		5. State of Incorporation RI			
6. Brief Description of the Character of MARKTTNG, a 7. NAMES AND ADDRESSES	nd - DESIG	V-35KA(C.8-7	CHMENT) ☐ FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Finn Yonkers			Janie Yonkers		
Street Address 2555 Harkney Hill Road			Street Address 2555 Harkney Hill Road		
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Ζφ} 02816
Secretary Name Finn Yonkers			Treasurer Name Janie Yonkers		
Street Address 2555 Harkney Hill Road			Street Address 2555 Harkney Hill Road		
City Coventry	State RI	^{Ζφ} 02816	City Coventry	State RI	^{Ζφ} 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name Finn Yonkers			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Janie Yonkers		
Street Address 2555 Harkney Hill Road			Street Address 2555 Harkney Hill	Road	Page 2
City	State	Zip	City	State	Zip T
Coventry	<u>] RI</u>	02816	Coventry		02816
Director Name			Director Name		5
Street Address			Street Address City State Zip 2		
Ctry	State	Zip	City	State	Zip . Z
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
This report must be executed this report must be executed	on behalf of the co	orporation by an authorize	ed representative. If the or trustee.	corporation is in the hand	is of a receiver or trustee,
	II EN		including any ac	companying schedules and st	that I have examined this report, tatements, and that all statements
	ILLU	1	comaine Merein	are true and correct.	2/5/2009
File Date	B 05 2009	- 1: dq	Signature		Date

Signature

Title

Jane M. Yonkers

Print or Type Name

Treasurer