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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.**

** In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
128731	STUDIOS 165, INC.		
3. Street Address Principal Business Office	City	State	Zip
165 BROAD STREET, PO BOX 9003	PAWTUCKET	RI	02862
4. Business Phone No.	5. State of Incorporation		
401-461-7322	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF REAL ESTATE, TO INCLUDE RENTALS, REPAIRS OF RENTALS, UPKEEP OF RENTALS.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
KIRSTEN MURPHY	JOSEPH HASSETT
Street Address	Street Address
P. O. BOX 9003, 165 BROAD STREET	P. O. BOX 9003, 165 BROAD STREET
City / State / Zip	City / State / Zip
PAWTUCKET / RI / 02862	PAWTUCKET / RI / 02862
Secretary Name	Treasurer Name
KIRSTEN MURPHY	JOSEPH HASSETT
Street Address	Street Address
P. O. BOX 9003, 165 BROAD STREET	P. O. BOX 9003, 165 BROAD STREET
City / State / Zip	City / State / Zip
PAWTUCKET / RI / 02862	PAWTUCKET / RI / 02862

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
NONE	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100	COMMON	0

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.

[redacted] [redacted]

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.

K Murphy — FEB 25, 2009
Signature *Date*

KIRSTEN MURPHY
Print or Type Name

PRESIDENT
Title

[redacted]

FILED
File Date FEB 26 2009
Check No.
By: BY

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31446-18-353079

Form 630 Rev. 08/08