



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 02904-2610
401.222.3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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(e), 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. 137890
200734413
2. Name of Corporation Kristin Studio

3. Street Address Principal Business Office
112 Main St City Woonsocket State RI Zip 02895

4. Business Phone No. 401 952 6061 5. State of Incorporation RI

6. Brief Description of the Character of Business Conducted in Rhode Island
Wedding Photography

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

President Name KRISTIN CIOFFI Vice President Name _____
Street Address 112 Main St Street Address _____
City Woonsocket State RI Zip 02895 City _____ State _____ Zip _____
Secretary Name _____ Treasurer Name _____

Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

Director Name KRISTIN CIOFFI Director Name _____
Street Address 112 Main St Street Address _____
City Woonsocket State RI Zip 02895 City _____ State _____ Zip _____
Director Name _____ Director Name _____

Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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
<u>1000</u>	<u>0</u>	<u>0</u>

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.

FILED
File Date FEB 11 2010
Check No. _____
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature [Signature] Date 12-23-09
Print or Type Name KRISTIN CIOFFI
Title OWNER

RECEIVED STATE SECRETARIES DIV
 2010 JAN 25 AM 11:13
 RECEIVED STATE SECRETARIES DIV
 2010 FEB 11 AM 11:02