



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 92946 | | 2. Name of Corporation Dimension 21, Inc. | | | |
| 3. Street Address Principal Business Office 41 Mayflower Drive | | | City Cranston | State RI | Zip 02905 |
| 4. Business Phone No. | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN TELEMARKETING, TO PROMOTE AND ADVERTISE VIDEOINSTRUCTION PROGRAMS. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name David H. Morse | | | Vice President Name | | |
| Street Address 41 Mayflower Drive | | | Street Address | | |
| City Cranston | State RI | Zip 02905 | City | State | Zip |
| Secretary Name David Morse | | | Treasurer Name David H. Morse | | |
| Street Address 41 Mayflower Drive | | | Street Address 41 Mayflower Drive | | |
| City Cranston | State RI | Zip 02905 | City Cranston | State RI | Zip 02905 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | | Director Name | | |
| 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/series | Par value | Number of Shares | Class/series | Par Value |
| 600 NO PAR VALUE | | | 100 | COMMON | none |

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.

*92946

File Date **FILED**

Check No. **FEB 17 2010**

By: **639**

FOR SECRETARY OF STATE USE ONLY

Signature **David H. Morse** Date **2-9-10**

Print or Type Name **David H. Morse**

Title **President**