



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 600 NO PAR VALUE	Class/Series	Par Value	Number of Shares 100	Class/Series COMMON	Par Value 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**