



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 686010		2. Exact name of the Corporation Dawn Ventures (Dawn Ventures Inc)			
3. Principal office address c/o MSPC 340 North Ave			City Cranford	State NJ	Zip 07016
4. Business Phone No. 908-272-7000			5. State of Incorporation New Jersey		
6. Brief description of the character of business conducted in Rhode Island Arts Business Management, Consulting and Development					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ralph Shapiro			Vice-President Name Anna Shapiro		
Street Address 801 West End Ave			Street Address 432 Kinsley Ave #200		
City NYC	State NY	Zip 10025	City Providence	State RI	Zip 02909
Secretary Name Anna Shapiro			Treasurer Name Ralph Shapiro		
Street Address 532 Kinsley Ave #200			Street Address 801 West End Ave		
City Providence	State RI	Zip 02909	City NYC	State NY	Zip 10025
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			0	CNP	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 15 2012

By MSC

CA # 106

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.

Anna Shapiro 2/17/2012
 Signature of Authorized Representative Date

Anna Shapiro
 Print or Type Name of Authorized Representative