

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 000098385		2. Exact name of the Corporation VIV, INC			
3. Principal office address 86 JOHN WICKES AVENUE		City EAST GREENWICH		State RI	Zip 02818
4. Business Phone No. 401-368-6222		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island ARTIST STUDIO					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VIVIAN M EISNER			Vice-President Name VIVIAN M EISNER		
Street Address 86 JOHN WICKES AVE			Street Address 86 JOHN WICKES AVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name VIVIAN M EISNER			Treasurer Name VIVIAN M EISNER		
Street Address 86 JOHN WICKES AVE			Street Address 86 JOHN WICKES AVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name VIVIAN M EISNER			Director Name		
Street Address 86 JOHN WICKES AVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	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
			100	COMMON	

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

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.

FILED 1049

JUN 25 2013

Signature of Authorized Representative Vivian E Date 6/20/13

VIVIAN EISNER

Print or Type Name of Authorized Representative

BY D-200196