



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 2014

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. 126818		2. Exact name of the Corporation DEW CLAW STUDIOS, INC.			
3. Principal office address 545 PAWTUCKET AVENUE, SUITE 106		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. (401) 312-0540		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PRODUCTS AND SERVICES TO THE RHODE ISLAND ARTS COMMUNITY.					
8. LIST ALL OFFICERS (NAME AND ADDRESS) (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOHN P. MITCHELL			Vice-President Name		
Street Address 112 CROSS STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name JOHN P. MITCHELL			Treasurer Name ERIK V. PEDERSEN		
Street Address 112 CROSS STREET			Street Address 521 HIGH ROCK STREET		
City CENTRAL FALLS	State RI	Zip 02863	City NEEDHAM	State MA	Zip 02492
8. LIST ALL DIRECTORS (NAME AND ADDRESS) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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			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
			1000	CPN	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.

FILED
CHARGE NO.
BY
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 28 2014

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 of Authorized Representative
JOHN P. MITCHELL

Date
01/26/2014

Print or Type Name of Authorized Representative