STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115400

2. Name of Corporation Judi T. Dance Studio, Inc.

3. Street Address Principal Business Office 1211 MAIN STREET

City WEST WARWICK *State* RI *Zip* 02893-

4. Business Phone No. 4018238630

5. State of Incorporation RHODE ISLAND

6. SIC Code 9837

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A DANCE INSTRUCTION STUDIO, TO PROVIDE ENTERTAINMENT SERVICES FOR PARTIES AND SPECIAL EVENTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Judith T. Neitupski
Street Address 169 Read Avenue
City Coventry *State* RI *Zip* 02816

Vice President Name
Street Address
City *State* *Zip*

Secretary Name
Street Address
City *State* *Zip*

Treasurer Name Judith T. Neitupski
Street Address 169 Read Avenue
City Coventry *State* RI *Zip* 02816

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	COMM	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 115400 [redacted]

115400 DBC 12/31/03 10:44:06 AM
File Date 1-5-04
Check No. 9140
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.

Signature of Officer Judith T. Neitupski *Date* 1/2/04
Judith T. Neitupski
Print or Type Name of Officer
[redacted] President