



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 2016

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. <u>17881</u>		2. Exact name of the Corporation <u>Velvet Blue Studio Inc.</u>	
3. Principal office address <u>512 Douglas Hook Road</u>		City <u>Chepachet</u>	State <u>RI</u>
4. Business Phone No. <u>401-568-5665</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Retail - Selling Vintage Glass</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Vincent J. Perez</u>		Vice-President Name <u>Vincent J. Perez</u>	
Street Address <u>512 Douglas Hook Road</u>		Street Address <u>Same As Above</u>	
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	
Secretary Name <u>Vincent J. Perez</u>		Treasurer Name <u>Vincent J. Perez</u>	
Street Address <u>Same As Above</u>		Street Address <u>Same As Above</u>	
City <u></u>	State <u></u>	Zip <u></u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	Zip <u></u>	
Director Name <u></u>		Director Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	Zip <u></u>	
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	
		<u>50 SHARES</u>	<u>NO PAR</u>
			<u>VAL.</u>

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

JAN 08 2015

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.

Vincent J. Perez
Signature of Authorized Representative

1/6/16
Date

BY 081103

Vincent J. Perez
Print or Type Name of Authorized Representative