



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000115400</b>		2. Exact name of the Corporation <b>Judi T. Dance Studio, Inc.</b>			
3. Principal Office Address <b>1211 Main Street</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>81 - Other Services (except <input type="checkbox"/>)</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A DANCE INSTRUCTION STUDIO, TO PROVIDE ENTERTAINMENT SERVICES FOR PARTIES AND SPECIAL EVENTS</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Judith T Nietupski</b>			Vice-President Name		
Street Address <b>169 Read Avenue</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Judith T Nietupski</b>		
Street Address			Street Address <b>169 Read Avenue</b>		
City	State	Zip	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input 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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <b>NO PAR</b>	
11. 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.					
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.					
Name of Authorized Representative <b>Judith T Nietupski</b>					Date <b>2/16/17</b>
Signature of Authorized Representative <i>Judith T Nietupski</i>					

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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