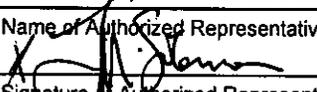


State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 000134259		2. Exact name of the Corporation STUDIO 1011 INC			
3. Principal Office Address 10 DORRANCE STREET, SUITE 700			City PROVIDENCE	State RI	Zip 02903
4. Business Phone Number 401-223-0643			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island DESIGN					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name JANE M SOLOMON			Vice-President Name		
Street Address 2081 MURRAY HILL ROAD			Street Address		
City CLEVELAND	State OH	Zip 44106	City	State	Zip
Secretary Name			Treasurer Name FINN YONKERS		
Street Address			Street Address 125 STEAMBOAT AVENUE		
City	State	Zip	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		COMMON	0
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.					
<b>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.</b>					
Name of Authorized Representative 					Date 03/07/17
Signature of Authorized Representative JANE M YONKERS (SOLOMON)					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

MAR 24 2017

BY 909 DS