



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2015**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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RI DEPT OF STATE
BUS SVCS DIV

1. Entity ID Number 120398		2. Exact name of the Corporation LULU STUDIO, INC.			
3. Principal Office Address 53 ROSS HILL RD			City CHARLESTOWN	State RI	Zip 02813
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island DESIGN SERVICES. GRAPHIC, WEB, DISPLAY, INDUSTRIAL DESIGN.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHAD BORKE			Vice-President Name NONE		
Street Address 53 ROSS HILL RD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANN BORKE			Director Name NONE		
Street Address 53 ROSS HILL RD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100 NO PAR VALUE		NONE	
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 CHAD BORKE				Date 05/16/2017	
Signature of Authorized Representative 				<div style="text-align: center;"> FILED MAY 16 2017 </div>	

BY **KL 303793**
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