



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>658641</b>		2. Exact name of the Corporation <b>THREE WHEEL STUDIO, INC.</b>										
3. Principal Office Address <b>c/o Gaschen Law Offices, 180 Little Pond County Road</b>		City <b>Cumberland</b>	State <b>RI</b>									
		Zip <b>02864</b>										
4. NAICS Code <b>541430</b>	6. Brief description of the character of business conducted in Rhode Island <b>PROFESSIONAL ARTIST STUDIO AND GALLERY</b>											
5. State of Incorporation <b>RI</b>												
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>												
President Name <b>DWO WEN CHEN</b>		Vice-President Name <b>DANIEL A. DERoy</b>										
Street Address <b>436 WICKENDEN STREET</b>		Street Address <b>436 WICKENDEN STREET</b>										
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>									
Zip <b>02903-4428</b>		Zip <b>02903-4428</b>										
Secretary Name <b>DANIEL A. DERoy</b>		Treasurer Name <b>DANIEL A. DERoy</b>										
Street Address <b>436 WICKENDEN STREET</b>		Street Address <b>436 WICKENDEN STREET</b>										
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>									
Zip <b>02903-4428</b>		Zip <b>02903-4428</b>										
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>										
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;"><b>100</b></td> <td style="text-align:center;"><b>COMMON</b></td> <td style="text-align:center;"><b>NO PAR</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>			
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<b>100</b>	<b>COMMON</b>	<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. <i>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.</i>												
Name of Authorized Representative <b>DWO WEN CHEN</b>		Date										
Signature of Authorized Representative 		SIGN DOCUMENT HERE										

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

**FILED**  
 SEP 25 2017  
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