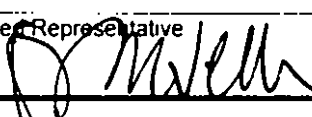




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 658641		2. Exact name of the Corporation THREE WHEEL STUDIO, INC.	
3. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Road		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 541430	6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL ARTIST STUDIO AND GALLERY		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name DWO WEN CHEN		Vice-President Name DANIEL A. DERoy	
Street Address 436 WICKENDEN STREET		Street Address 436 WICKENDEN STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903-4428		Zip 02903-4428	
Secretary Name DANIEL A. DERoy		Treasurer Name DANIEL A. DERoy	
Street Address 436 WICKENDEN STREET		Street Address 436 WICKENDEN STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903-4428		Zip 02903-4428	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
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 Check the box to indicate an attachment ☐	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		100 COMMON NO PAR	
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 DWO WEN CHEN		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
BY 