

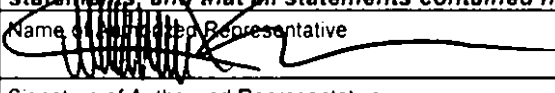
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2018  
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 000504738		2 Exact name of the Corporation PEACELOVE STUDIOS, INC.									
3 Principal Office Address 999 MAIN STREET #704			City PAWTUCKET	State RI	Zip 02860						
4 NAICS Code 453220	6. Brief description of the character of business conducted in Rhode Island SALE OF ORGINAL ARTWORK										
5 State of Incorporation RI											
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>											
President Name JEFFREY SPARR			Vice-President Name MATTHEW KAPLAN								
Street Address 999 MAIN STREET #704			Street Address 999 MAIN STREET #704								
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860						
Secretary Name JEFFREY SPARR			Treasurer Name MATTHEW KAPLAN								
Street Address 999 MAIN STREET #704			Street Address 999 MAIN STREET #704								
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860						
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>											
Director Name JEFFREY SPARR			Director Name MATTHEW KAPLAN								
Street Address 999 MAIN STREET #704			Street Address 999 MAIN STREET #704								
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860						
Director Name			Director Name								
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 <span style="float: right;">Check the box to indicate an attachment</span>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>01</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	01
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100	COMMON	01									
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 					Date 2.21.18						
Signature of Authorized Representative MATTHEW KAPLAN					FILED						

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

FEB 26 2018  
BY 1551 DS