



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 000099902		2. Exact name of the Corporation DOT STUDIO, INC.										
3. Principal Office Address 42 THE BOULEVARD		City EDGARTOWN	State MA									
		Zip 02539										
4. NAICS Code 541430	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE DESIGN AND MARKETING SERVICES											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name REGULA E. TODD		Vice-President Name NONE										
Street Address 42 THE BOULEVARD		Street Address										
City EDGARTOWN	State RI	Zip 02539										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name NONE		Director Name NONE										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>8,000</td> <td>STK</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8,000	STK	\$1.00			
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8,000	STK	\$1.00										
Changes require an additional filing.												
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 REGULA E. TODD		Date 6/1/2018										
Signature of Authorized Representative		SIGN DOCUMENT HERE										

12:17 JUN - 4 2018
BY **JB 331929**