State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1
 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 to	fee if form is not f	iled by April 1.					
1. Entity ID Number 2. Exact name of the Corporation DOT STUDIO, INC.							
Principal Office Address 42 THE BOULEVARD			City EDG#	ARTOWN	State MA	02539	
4. NAICS Code S 41 430 5. State of Incorporation R 1	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE DESIGN AND MARKETILIS SERVICES						
7. List ALL officers (names and addresses) Check the box to indicate an attachment [
President Name PEGULA	Vice-President Name HOHE						
Street Address 42 THE 1	Street Address						
City EDGARTOWN	State R)	Zip 02539	City		State	Zip	
Secretary Name		<u>. </u>	Treasurer Nar	ne	<u> </u>		
Street Address			Street Address				
City	State	Zip	City		State	Zip CRE	
8. List ALL directors (names and a	ddresses)			Check	the box to indi	catezan attachinant 🗆	
Director Name HON E			Director Name NONE + 3200				
Street Address			Street Address				
City	State	Zip	City		State	Zip DIV	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issue	d	Check	the box to indi	cate an attachment	
This information is currently of reco Department of State.	rd in the	NUMBER OF SE	HARES	CLASS/SFRIES		PAR VALUE	
Changes require an additional filing.		8,000	>	STK		\$ 1.00	
11. This report must be executed o	n hohalf of the co	moration by an auti	hausad saasa	and the Kabanana		handa afa anna a	
trustee, this report must be executed to	ed on behalf of the	corporation by the	riorized repres	sentative. Il the corpol rustee.	ration is in the	nands of a receiver of	
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 Representativ			Date 0/1	12018			
Signature of Authorized Represent	ative	SIGN DOCU	IMENT PERE	FILED		<u></u>	

MAIL TO: 🔻

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017