RI SOS Filing Number: 201868548770 Date: 6/4/2018 12:16:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annua	l Report	t for t	he :	year:
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2016

51860

Corporation

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

Penalty: Additional \$25.00	tee it form is not	tiled by April 1.				<u>.</u>			
Entity ID Number	2. Exact name of the Corporation								
000099902	DOT S	DOT STUDIO, INC.							
3. Principal Office Address			City State Zip						
42 THE BOULEVARD			EDGARTO	own	MA	02539			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
541430	TO PROVIDE DESIGN AND MARKETHICKS								
5. State of Incorporation				•	,				
7. List ALL officers (names and ac	idresses)				the box to indic	ate an attachment 🔲			
President Name REGULA E. TODO			Vice-President Name						
Street Address 42 THE 1	Street Address								
City EDGARTOWN	State	Zip 02539	City		State	Zip			
Secretary Name	<u> </u>	·	Treasurer Name						
Street Address			Street Address						
City	State	Zip	City		State	Zıp			
8. List ALL directors (names and a	addresses)		<u> </u>	Check	the box to indic	ate an attachment			
Director Name HONK			Director Name	NONE		20 35 38			
Street Address			Street Address						
City	State	Zip	City		State	TANK Y NR Y NR Y NR Y NR Y NR Y			
Director Name			Director Name						
Street Address			Street Address ?						
City	State	Zip	City		State	On Zip Im			
9. Shares Authorized		10. Shares Issue	d	Check	the box to indic	ate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SI	HARES			PAR VALUE			
Changes require an additional filing.		8,000		STK	:	# 1.00			
11. This report must be executed of	on behalf of the c	orporation by an aut	horized represen	tative. If the corpo	ration is in the h	nands of a receiver or			
trustee, this report must be execut Under penalty of perjury, I declar	ere and affirm th	at I have examined	this report, incl	ee. uding any accom	panying sche	dules and			
statements, and that all statements Name of Authorized Representative	ents contained h ve	erein are true and	correct.		Date	<u> </u>			
REGULA E		_		2018					
Signature of Authorized Represen	tative	a silson	CHER)	reful	ח				
MAIL TO: \)	1:16	11 11 4	2010				

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

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

FORM 630 - Revised: 10/2017