



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

Annual Report for the year: 2016
Corporation

STATE

- 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 MA	Zip 02539	City	State	Zip	
Secretary Name		Treasurer Name				
Street Address		Street Address				
City	State	Zip	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			RECEIVED STATE CORPORATIONS DIV 2018 JUN - 4 PM 12:15	
Street Address		Street Address				
City	State	Zip	City	State		Zip
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 Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES CLASS/SERIES PAR VALUE				
		8,000 STK \$1.00				
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 <i>Regula E. Todd</i> FILED						

12:16 JUN - 4 2018

BY *9/33/929*