



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99902		2. Name of Corporation Dot Studio Inc.			
3. Street Address Principal Business Office 181-B PERRY AVENUE		City NORWALK	State CT	Zip 06850-	
4. Business Phone No. 2038466958		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE DESIGN SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Regula Todd			Vice President Name		
Street Address 181-B Perry Ave.			Street Address		
City Norwalk	State CT	Zip 06850	City	State	Zip
Secretary Name Regula Todd			Treasurer Name Regula Todd		
Street Address 181-B Perry Ave.			Street Address 181-B Perry Ave.		
City Norwalk	State CT	Zip 06850	City Norwalk	State CT	Zip 06850
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Regula Todd			Director Name		
Street Address 181-B Perry Ave.			Street Address		
City Norwalk	State CT	Zip 06850	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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\*99902 DBC 09/30/05 11:07:59 PM\*

File Date 10/3/05

Check No. 10493

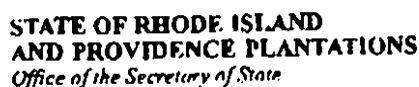
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 10/1/05  
Signature of Officer Date  
REGULA TODD  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

Form 630 (2/01)



Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1333  
401.222.3040

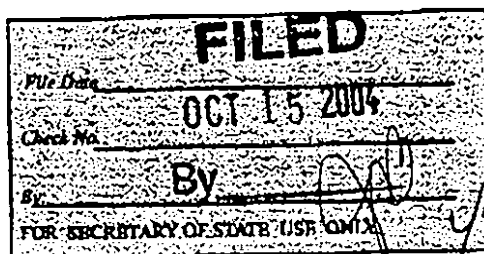
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED IN BLACK)

FORM MUST BE TYPED IN BLACK					
1. Corporate ID No. 99902		2. Name of Corporation Dot Studio Inc			
3. Street Address Principal Business Office 181-B Perry Avenue			City Norwalk	State CT	Zip 06850
4. Business Phone No. 203-846-6958		5. State of Incorporation Rhode Island			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island To provide design services.					
President Name Regula Todd			Vice President Name		
Street Address 181-B Perry Avenue			Street Address		
City Norwalk	State CT	Zip 06850	City	State	Zip
Secretary Name Regula Todd			Treasurer Name Regula Todd		
Street Address 181-B Perry Avenue			Street Address 181-B Perry Avenue		
City Norwalk	State CT	Zip 06850	City Norwalk	State CT	Zip 06850
Director Name Regula Todd			Director Name		
Street Address 181-B Perry Avenue			Street Address		
City Norwalk	State CT	Zip 06850	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Comm	\$1.00	100	COMM	\$1.00

*This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

and that all statements contained herein are true and correct.

Regula E. Todd 10/12/04

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Regula Todd

Print or Type Name of Officer \_\_\_\_\_

President

Title of Officer \_\_\_\_\_ Form 630 (2001)

Expend 630 1201



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.1040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 89902		2. Name of Corporation Dot Studio Inc.			
3. Street Address Principal Business Office 3555 Morehouse Highway		City Fairfield	State CT	Zip 06824	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE DESIGN SERVICES.					
<b>OFFICERS AND DIRECTORS</b>					
President Name Regula Todd			Vice President Name		
Street Address 3555 Morehouse Highway			Street Address		
City Fairfield	State CT	Zip 06824	City	State	Zip
Secretary Name Regula Todd			Treasurer Name Regula Todd		
Street Address 3555 Morehouse Highway			Street Address 3555 Morehouse Highway		
City Fairfield	State CT	Zip 06824	City Fairfield	State CT	Zip 06824
<b>BOARD OF DIRECTORS</b>					
Director Name Regula Todd			Director Name		
Street Address 3555 Morehouse Highway			Street Address		
City Fairfield	State CT	Zip 06824	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>AUTHORIZED SHARES</b>					
Number of Shares		Class/Series	Par Value	ISSUED SHARES	
8,000		COMM	\$1.00 Par Value	200	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 9 9 0 2

\*89902 DBC 09/10/03 11:55:21 AM\*

File Date 10/21/03

Check No. 4209

By DA

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

REGULA E. TODD 10/16/03

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

99902

Dot Studio Inc.

3. Street Address Principal Business Office

City

State

Zip

1411 Narragansett Blvd.

Providence

RI

02905

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-941-6909

RHODE ISLAND

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Design Service

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Vice President Name

Wayne Marcus

Street Address

Street Address

1411 Narragansett Blvd.

City

State

Zip

City

State

Zip

Providence

RI

02905

Secretary Name

Treasurer Name

Regula Todd

Wayne Marcus

Street Address

Street Address

1411 Narragansett Blvd.

See Above

City

State

Zip

City

State

Zip

Providence

RI

02905

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Director Name

Wayne Marcus

Street Address

Street Address

See Above

City

State

Zip

City

State

Zip

Director Name

Director Name

Repula Todd

Street Address

Street Address

See Above

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

100 Shares

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 9 0 2 \*

File Date: 3-4-02

Check No.: 10356

By: AMF

FOR SECRETARY OF STATE USE ONLY

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.

Wayne Marcus 2/25/02  
Signature of Officer Date

WAYNE MARCUS  
Print or Type Name of Officer

PRESIDENT  
Title of Officer





**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99902		2. Name of Corporation Dot Studio Inc.			
3. Street Address Principal Business Office 1411 Narragansett Boulevard			City Cranston	State RI	Zip 02905
4. Business Phone No. 401-941-6909		5. State of Incorporation Rhode Island			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island Design Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Wayne Marcus			Vice President Name		
Street Address 1411 Narragansett Boulevard			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name Regula Todd			Treasurer Name Wayne Marcus		
Street Address 1411 Narragansett Boulevard			Street Address See Above		
City Cranston	State RI	Zip 02905	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Wayne Marcus			Director Name		
Street Address 1411 Narragansett Boulevard			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Director Name Regula Todd			Director Name		
Street Address 1411 Narragansett Boulevard			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 par value		100		\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: NOV 07 2001
Check No.: By: 6610245
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Wayne Marcus Date: 11/16/01  
Print or Type Name of Officer: WAYNE MARCUS  
Title of Officer: PRESIDENT



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99902** 2. Name of Corporation **Dot Studio Inc.**

3. Street Address Principal Business Office **1411 NARRAGANSETT Blvd** City **CRANSTON** State **RI** Zip **02905**  
4. Business Phone No. **401 941 6909** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

**design services**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Wayne Marcus**

Vice President Name

Street Address

Street Address

**1411 Narragansett Blvd**  
City **Cranston** State **RI** Zip **02905**

City State Zip

Secretary Name **Regula Todd**

Treasurer Name

**Wayne Marcus**

Street Address

Street Address

**1411 Narragansett Blvd**  
City **Cranston** State **RI** Zip **02905**

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**Wayne Marcus**

Director Name

Street Address

Street Address

**see above**  
City State Zip

City State Zip

Director Name

Director Name

**Regula Todd**

Street Address

Street Address

**see above**  
City State Zip

City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000</b>		<b>\$1.00 PAR VALUE</b>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>		<b>1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 9 0 2 \*

File Date: **8/11/2000**

Check No.: **457**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

**Wayne Marcus** **5/4/00**  
Signature of Officer Date

**Wayne Marcus**  
Print or Type Name of Officer

**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James A. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>99902</b>	2. Name of Corporation <b>Dot Studio Inc.</b>
3. Street Address Principal Business Office <b>1411 Narragansett Blvd.</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>
4. Business Phone No. <b>401 941 6909</b>	5. State of Incorporation <b>RHODE ISLAND</b>
6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>design services</b>	

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>Wayne Marcus</b>	Vice President Name
Street Address <b>1411 <del>1411</del> Narragansett Blvd</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>	City State Zip
Secretary Name <b>Regula Todd</b>	Treasurer Name <b>Wayne Marcus</b>
Street Address <b>1411 Narragansett Blvd</b>	Street Address <b>see above</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>Wayne Marcus</b>	Director Name
Street Address <b>see above</b>	Street Address
City State Zip	City State Zip
Director Name <b>Regula Todd</b>	Director Name
Street Address <b>see above</b>	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 \$1.00 PAR VALUE</b>			<b>100 shares</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date: **JUL 08 1999**

Check No.: **cc 284**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

**Wayne Marcus** 5/14/99  
Signature of Officer Date

**Wayne Marcus**  
Print or Type Name of Officer

**President**  
Title of Officer