

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						
I. Corporate ID No.	2. Name of Corpor					
99902	Dot Studio Ir	1C.			- <u></u>	
3. Street Address Principal .	**		City	State	Zip	
181-B PERRY AVI	ENUE		NORWALK	CT	06850-	
4. Business Phone No.		5. State of Incorpora			6. SIC Code	
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7. Brief Description of the (TO PROVIDE DESIG		ducted in Rhode Island				
8. NAMES AND ADDI	RESSES OF THE OFF	TICERS ("X" BOX FOR.	ATTACHMENT) FILL IN ST	ACES BEFORE USING AT	TTACHMENTS	
Regula Todd						
Street Address			Street Address		- 	
181-B Perry Ave	≥.		•			
City	State	Zip	City	State	Zip	
Norwalk Secretary Name	СТ	06850	: Tricosurer Name			
			Regula Todd			
Regula Todd		.	Street Address	<u> · </u>		
Street Address 181-B Perry Ave	5		. 181-B Perry Ave			
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181-B Perry Ave	.		•			
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Norwalk	CT	06850	•			
Director Name			Director Name			
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			this report, including	ig any accompanying scho	dules and statements,	
99902 DBC 09/30)/05 1/1·07·50 PM		and that all stateme	rus contained berein are tr	ne and correct.	
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l // //	11/92		Signature of Officer	> \	Date / /	
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· mi			Print or Type Name of	[Officer		
B_{y} : $($		–	PRESID	ENT		
FOR SECRETARY OF S	TATE USE ONLY		Title of Ufficer	10-10-10-10-10-10-10-10-10-10-10-10-10-1	Form 630 12	



2. Name of Corporation

Dot Studio Inc

(FORM MUST BE TYPED IN RIACK)

3. Serees Address Principal Rusiness Office

181-B Porry Avenue

1. Corporate II) Nn.

99902

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

06850

6. SIC Code

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CT

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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This report must be signed i					Anna Danatuse of Tax	

City

Norwalk



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02402-1335 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

1. Corporule ID No. 99902	ED IN BI_ACK) 2. Name of Corpo				
	Dot Studio Ir	nc.			
3. Suren Address Princip 3555 Morehous	of Buriness Office		City	Store	Zip
4. Business Phone No.	e Highway		Fairfield	СТ	06824
··· =		5. State of Incorporation			a SIC Code
7. Brief Description of the	e Character of Business Cond	RHODE ISLAND			8888
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Regula Todd			Regula Todd	- · · ·	
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555 Morehouse	Signe				
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yy	7 U Z		Under penalty of perju	rry, I declare and attinn	that I have examined
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9902 DBC 09/18/0	•	/	and that all statements	contained horein are in	o and correct.
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SECRETARY OF STAT	T 1100 0100		PRESIDE	ΛT	

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 _

iling Period: January 1–March 1 🔸	Filing F	Fee: \$50.00
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(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 Providence State

Zip

1411 Narragansett Blvd. 4. Business Phone No.

5. State of Incorporation **RHODE ISLAND** RI

02905 6. SIC Code

8888

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

Design Service

401-941-6909

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

Wayne Marcus Street Address

Street Address

1411 Narragansett Blvd.

Secretary Name

210

City

State

Zip

Providence

RI

02905

Treasurer Name

Regula Todd Street Address

Wayne Marcus Street Address

1411 Narragansett Blvd.

Zip

See Above

State

Zip

Providence

RT

02905

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

Street Address

Street Address

Wayne Marcus

See Above

State

Z.ip

City

State

Zip

Director Name

City

Director Name

Street Address

Repula Todd Street Address

See Above

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZZED SHARES Number of Shares

Class/Serles

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ESSUED SHARES

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



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 atements contained herein are true and correct.

Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

iling P	erlod: ,	January	1-March 1	•	Filing	Fec:	\$50.00
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PLEASE READ INSTRUCTIONS	
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FORM MUST BE TYPED IN I	HLACK)				
I. Corporate ID No.	2. Name of Corporat	ion			
99902	Dot_Studi	o Inc.			
3. Street Address Principal Busin	ness Office		City	State	Zip
1411 Narraganse	tt Boulevard		Cranston	RI	02905
4. Business Phone No. 5. State of Incorporatio			on		6. SIC Code
401-941-6909		Rhode Isl	and	<u></u>	<u> </u>
7. Brief Description of the Chara		n Rhode Island			
Design Services					
8. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR AT	FACHMENT) DFILL IN SPACES	S BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Wayne Marcus					
Street Address			Street Address		
1411 Narraganse		1:			(n)
City	State	Zip	City	State	Zip
Cranston	RI	02905			
Secretary Name			Treasurer Name	•	
Regula Todd			Wayne Marcus	<u>. :</u>	
Street Address			Street Address		
1411 Narragansett Boulevard		See Above	le	17:-	
City	State	Zip	City	State	Zip
Cranston	RI	02905		and report tieres	A CHINEDOW
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Director Name		•	Director Name		
Wayne Marcus			Street Address		
street Address - 1411 Narraganse	att Roulevard		THEEL VANCESS		
City	State	Zip	City	State	Zip
Cranston '	RI	02905	[""		
Director Name		02703	Director Name		
Regula Todd					
Street Address	_		Street Address		
1411 Narraganse	ett Boulevard				
City	State	Zip	City	State	Zip
Cranston	RI	02905	- '		1
10. SHARES AUTHOR	<u></u>		11 SHARES ISSUED	(*X* BOX FOR ATTACHMEN	(T) []
AUTHORIZED SHARES	IZED (A BUX FUR ATT	ACOMENTA L	ISSUED SHARES	CA DON TON MITHGINE	
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8,000 \$1.00 par	r value				
8,000 \$1.00 par	value				****
8,000 \$1.00 par	r value				

	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.
NOV 0'7 2001	Signature of Officer Date
Check No.: 3y 60 10265	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PIZESIDENT Title of Officer
t f	5 60 1200

(FORM MUST BE TYPED IN BLACK)

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

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

401-222-3040

99902	Dot Studi	o Inc.			
3. Street Address Principal Bus	Iness Office		City	State	Zip
1411 NARRAGA 4. Business Phone No. 401 941 (7. Brief Description of the Cha	909	S. State of Incorporation RHODE ISLAND	CRANSTON	RI	02905 6. SIC Code
design so	vices				
8. NAMES AND ADD		CERS ("X" BOX FOR ATTACH		S BEFORE USING ATTA	CHMENTS
President Name	10.00		Vice President Name		
Wayne M			Street Address		
1411 Nar	ragansett B RI	Jud	Sutte Nautin		
City	State	Zip	City	State	Zip
Cranspon	RI	02905			
Secretary Name	1 .		Treasurer Name		
Regula To	ଷଧ		WAYNE	marcus	
Street Address	apansett Bl		Street Address	Marcus Louve	
City	State 151	Zip	see o	State	Zip
Cranson	RI	02905	5,	•	2-7
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE	CES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
wayne "	Marcus				
So at	xIVQ		Street Address		
City:	State	Zip	City	State	Zip
•		·	·		•
Director Name		•	Director Name		
beg. Keg.	ula Todd above				
Street Address	0600		Street Address		
City SEL	State	Zip	City	State	Zip
City	21811	2.17	City	31416	2.19
10. SHARES AUTHOR	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ISSUED SHARES	(*X* BOX FOR ATTACHMEN	т)
Number of Shares	Class/Series	Far Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 P/	AR VALUE		100		1.00

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

	* 9 9 0 2 *
File Date:	8/11/2000
Check No.:	,,67
Ву:	DE STATE LISE ONLY

Under penalty of perjury, I decla-	re and affirm that I have examined
this report, including any accom	panying schedules and statements, an
that all statements contained her	rein are true and correct.
A Rume N Parc	W 5/4/00
Signature of Officer	Date
Wayne Marcus	
Print or Type Name of Officer	
President	
Title of Officer	

(FORM MUST BE TYPED IN BLACK)

Jumes 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 1999

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

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1. Corporate 1D No. 99902	2. Name of Corporation Dot Studio Inc.					
3. Street Address Principal Business Of	171	.)	Cranston	State	210	
4. Business Phone No.	gansett Bl	JC. 5. State of Incorporation	[Cyanston	1 RI	6. SIC Code	
4. Business Phone No. 401 941 690	<u>_</u>	RHODE ISLAND)			
7. Brief Description of the Character of Business Conducted in Rhode Island (DSign Squills						
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Street Address			Street Address			
1411 Hard Namapancett Blud			City	State	ZIp	
Cvanston	!"" RI	02905	City	State	1	
Secretary Name		•••• = ••••• · · · · · · · · · · · · · ·	Treasurer Name		•••••••••••••••••••••••••••••••••••••••	
Regula Todd			: Wayne Marcus			
1411 Narrapannett Blud			_see_above		.,	
Canita	State	02905	City	State	Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) _ FILL IN SPACES BEFORE USING ATTACHMENTS						
Director Name	aus	: Director Name				
Street Address			Street Address			
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City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHI	MENT) []		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES	Class (Series	Par Value	ISSUED SHARFS Number of Shares	Class/Series	Par Value	
Number of Shares	Class/Series					
8,000 \$1.00 PAR VALU	·—	,	100_Shaves	ļ. 		
				1		
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						
this report, including any accompanying schedules and statements,						
that all statements contained herein are true and correct.						
JUL 0 8 1999, Signature of Officer Date						
Check No.:						
Ву			Print or Type Name of Officer	Print or Type Rame of Officer		
FOR SECRETARY OF STATE USE ON						