| State   | e of Rhode Island and Pro<br>Office of the Secreta  |  | 'ee: \$50.00 |  |  |  |
|---|---|--|--------------|--|--|--|
|   | 148 W. River S  | Division Of Business Services<br>148 W. River Street<br>Providence RI 02904-2615<br>(401) 222-3040 |              |  |  |  |
| HOPE  | () === ==   |  |              |  |  |  |
| Foreign Business Corpo<br>Annual Report<br>Filing Period: January 1 - March |   |  |              |  |  |  |
|   | 2-1501(e), each corporation failir<br>ays after the time prescribed by l<br>e of \$25.00. |  |              |  |  |  |
| ANNUAL REPORT YEAR: 20  | <u>19</u>   |  |              |  |  |  |
| 1. Corporate ID No. 001687681   |   |  |              |  |  |  |
| 2. Name of Corporation Ballet Makers, Inc.                                  |   |  |              |  |  |  |
| 3. Street Address Principal Business Office:                                |   |  |              |  |  |  |
| No. and Street:1 CACity or Town:TOTO  | MPUS RD<br>DWA State: NJ  | Zip: <u>07512</u> Country: <u>USA</u>  | <u>4</u>     |  |  |  |
| 4. Business Phone No.   |   |  |              |  |  |  |
| <u>19735959000</u>  |   |  |              |  |  |  |
| 5. State of Incorporation   |   |  |              |  |  |  |
| State: <u>NY</u>  |   |  |              |  |  |  |
|   | ARTICLE III   |  |              |  |  |  |
|   | e that best describes the primary<br>prmation on <u>NAICS</u> can be found                | business conducted by the entity. Do online.   | wnload       |  |  |  |
| <u>448190</u>   |   |  |              |  |  |  |
| 6. Brief Description of the Cl  | naracter of Business Conducte   | d in Rhode Island  |              |  |  |  |
|   |   |  |              |  |  |  |
| RETAIL  |   |  |              |  |  |  |
| 7. Names and Addresses of   | he Officers and Directors:  |  |              |  |  |  |
| All officers and directors  | nust be listed.   |  |              |  |  |  |
| Title   | Individual Name   | Address  |              |  |  |  |
|   | First, Middle, Last, Suffix   | Address, City or Town, State, Zip Code, C  | ountry       |  |  |  |
| PRESIDENT   | MICHAEL TERLIZZI  | 1 CAMPUS ROAD<br>TOTOWA, NJ 07512 USA  |              |  |  |  |
| ACCOUNTANT  | JIM LI  | 1 CAMPUS RD  |              |  |  |  |

| TOTOWA, NJ 07512 UNI  |                 |                     |  |  |
|-----------------------|-----------------|---------------------|--|--|
| res Authorized and Is | sued            |                     |  |  |
| Class of Stock        | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br><i>Num of</i><br><i>Shares</i> |
| CNP                   | A               | \$0.0000            | 25.00  | 0  |
| CNP                   | В               | \$0.0000            | 25.00  | 0  |
| CNP                   | С               | \$0.0000            | 25.00  | 0  |
| CNP                   | D               | \$0.0000            | 25.00  | 0  |
| CNP                   | E               | \$0.0000            | 99,900.00                                      | 0  |

## 9. 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.

**Signed this 3 Day of January, 2019 at 12:49:38 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By <u>JIM LI</u>

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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