



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

Annual Report for the year: 2019
Corporation

- 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 000504738		2. Exact name of the Corporation PEACELOVE STUDIOS, INC.			
3. Principal Office Address 999 MAIN STREET #704			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 453220		6. Brief description of the character of business conducted in Rhode Island SALE OF ORIGINAL ARTWORK			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEFFREY SPARR			Vice-President Name MATTHEW KAPLAN		
Street Address 999 MAIN STREET #704			Street Address 999 MAIN STREET #704		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name JEFFREY SPARR			Treasurer Name MATTHEW KAPLAN		
Street Address 999 MAIN STREET #704			Street Address 999 MAIN STREET #704		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JEFFREY SPARR			Director Name MATTHEW KAPLAN		
Street Address 999 MAIN STREET #704			Street Address 999 MAIN STREET #704		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
			PAR VALUE		.01
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 MATTHEW KAPLAN					Date 1/4/19
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JAN 17 2019
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