

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.

<u>-</u> -	
	Zip 02893
	s and special
dicate a	in attachment 🔲
	Zip
	^{Zıp} 02816
idicate a	in attachment 🔲
	Zip
	Zin

STAMP

	ne of the Corporatio	""					
Judi T. D	Judi T. Dance Studio, Inc.						
3. Principal Office Address		City		State	Zip		
1211 Main Street			West Warwick		02893		
6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
To operate	To operate a dance instruction studio. To provide entertainment services for parties and special						
events.	events.						
nd addresses)			Chec	k the box to i	ndicate an attachment		
President Name Judith T. Nietupski			Vice-President Name				
Street Address 169 Read Avenue			Street Address				
State RI	^{Zip} 02816	City		State	Zip		
Secretary Name			Treasurer Name Judith T. Nietupski				
Street Address			Street Address 169 Read Avenue				
State	Zip	City Coventry		State RI	^{Z₁p} 02816		
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name			Director Name				
Street Address			Street Address				
State	Zip	City		State	Zip		
Director Name Director Name							
Street Address			Street Address				
State	Zıp	City		State	Zıp		
	10. Shares Iss	10. Shares Issued		Check the box to indicate an attachment			
f record in the	NUMBER O	OF SHARES	SHARES CLASS/SERIES		PAR VALUE		
Department of State. Changes require an additional filing.			CNP		\$0.0000		
			-				
uted on behalf of the	corporation by an	authorized repres	entative. If the corp	oration is in	the hands of a receiver or		
					ahadadaa and		
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 Date							
Judith T. Nietupski 2/14/19							
Signature of Authorized Representative							
T. Nutros	ki SIGN DO	CUMENT HERE	LITED .	Dh			
	6. Brief desc To operate events. Id addresses) tupski nue State State State State State State I record in the filling. Inted on behalf of the ecuted on behalf of declare and affirm tements contained intative esentative	6. Brief description of the character To operate a dance instruction events. Id addresses) Itupski Inue State RI State Zip Inue Zi	City West Warwi 6. Brief description of the character of business of To operate a dance instruction studio. To provents. Id addresses) Rupski Street Address State Zip 02816 City Treasurer Name Street Address Street Address	City West Warwick	City West Warwick RI 6. Brief description of the character of business conducted in Rhode Island To operate a dance instruction studio. To provide entertainment services for events. Indicators and addresses Check the box to instruction studio. To provide entertainment services for events. Indicators Check the box to instruction studio. To provide entertainment services for events. Indicators Check the box to instruction studio. To provide entertainment services for events. Indicators Check the box to instruction studios. The provided entertainment services for events. Indicators Check the box to instruction studios. The provided entertainment services for events. Indicator Check the box to instruction studios. The provided entertainment services for events. Indicator Check the box to instruction studios. The provided entertainment services for events. Indicator Check the box to instruction studios. The provided entertainment services for events. Indicator Check the box to instruction studios. The composition is instructed on behalf of the corporation by an authorized representative. If the corporation is instructed on behalf of the corporation by the receiver or trustee. Indicator Check the box to instruction studios. If the corporation is instructed on behalf of the corporation by the receiver or trustee. Indicator Check the box to instruct the provided entertainment services for events. Indicator Check the box to instruct the provided entertainment services for events. Indicator Check the box to instruct the provided entertainment services for events. Indicator Check the box to instruct the provided entertainment services for events. Indicator Check the box to instruct the provided entertainment services for events. Indicator Check the box to instruct the provided entertainment services for events. Indicator Check the box to instruct the provided entertainment services for events. Indicator Check the box to instruct the provided entertainment services for events. Indicator Check the box to		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 0 2019

FORM 630 - Revised: 10/2017