



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.

STAMP

1. Entity ID Number 000115400		2. Exact name of the Corporation Judi T. Dance Studio, Inc.			
3. Principal Office Address 1211 Main Street		City West Warwick		State RI	Zip 02893
4. NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island To operate a dance instruction studio. To provide entertainment services for parties and special events.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Judith T. Nietupski			Vice-President Name		
Street Address 169 Read Avenue			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name			Treasurer Name Judith T. Nietupski		
Street Address			Street Address 169 Read Avenue		
City	State	Zip	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS/SERIES CNP	PAR VALUE \$0.0000
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 Judith T. Nietupski					Date 2/14/19
Signature of Authorized Representative <i>Judith T. Nietupski</i>					SIGN DOCUMENT HERE FILED <i>dv</i>

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 20 2019

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FORM 630 - Revised: 10/2017