

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 09 2021

BY U777
ea

1. Entity ID Number 000524818		2. Exact name of the Corporation SHRI STUDIO, INC.			
3. Principal Office Address PO BOX 5466			City PAWTUCKET	State RI	Zip 02862
4. NAICS Code 812190		6. Brief description of the character of business conducted in Rhode Island YOGA STUDIO			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALISON M BOLOGNA			Vice-President Name		
Street Address 83 GLENWOOD AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name ALISON M BOLOGNA		
Street Address			Street Address 83 GLENWOOD AVENUE		
City	State	Zip	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			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		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/SERIFS	PAR VALUE
		100		COMMON	0
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				Date <u>3/5/2021</u>	
Signature of Authorized Representative ALISON M BOLOGNA <u>Alison Bologna</u>					

MAIL TO:

Division of Business Services

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