

State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

APR 09 2021
BY: A 1007

- 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 000134259 | | 2. Exact name of the Corporation STUDIO 1011 INC | | | |
| 3. Principal Office Address 10 DORRANCE STREET, SUITE 700 | | | City PROVIDENCE | State RI | Zip 02903 |
| 4. NAICS Code 541400 | | 6. Brief description of the character of business conducted in Rhode Island DESIGN | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | <input type="checkbox"/> |
| President Name JANE M SOLOMON | | | Vice-President Name | | |
| Street Address 3214 DOBSON STREET | | | Street Address | | |
| City PITTSBURGH | State PA | Zip 15219 | City | State | Zip |
| Secretary Name | | | Treasurer Name FINN YONKERS | | |
| Street Address | | | Street Address 125 STEAMBOAT AVENUE | | |
| City | State | Zip | City NORTH KINGSTOWN | State RI | Zip 02852 |
| 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | | | COMMON | |
| 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 April 3, 2021 |
| Signature of Authorized Representative JANE M SOLOMON | | | | | |

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