

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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.					
<b>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.</b>					
Name of Authorized Representative					Date April 3, 2021
Signature of Authorized Representative JANE M SOLOMON					

**MAIL TO:**  
 Division of Business Services  
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