

State of Rhode Island  
 Department of State - Business Services Division

Annual Report for the year: 2023  
 Corporation

MAR 10 2023  
 4/9/23

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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) <span style="float: right;">Check the box to indicate an attachment</span>					<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) <span style="float: right;">Check the box to indicate an attachment</span>					<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 <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	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.					
<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 <i>Alison Bologna</i>					Date 3/7/2023
Signature of Authorized Representative ALISON M BOLOGNA					

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