



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 PROVISIONS

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1. Entity ID Number 001688531		2. Exact name of the Corporation Innovation Studio, Inc			
3. State of Incorporation MA		5. Brief description of the character of business conducted in Rhode Island Providing an empowering and inclusive network of innovation centers and individualized programming to make business ownership attainable.			
4. NAICS Code 813920 - Professional Organizati					
6. Principal Office Address 2300 Washington Street, Second Floor			City Roxbury	State MA	Zip 02119
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Vidana			Vice-President Name Ashley Medeiros		
Street Address 178 Maplewood St., #1			Street Address 17 Colin Circle		
City Watertown	State MA	Zip 02472	City Warren	State RI	Zip 02885
Secretary Name			Treasurer Name Kristen D Scott		
Street Address			Street Address 125 Randolph Ave		
City	State	Zip	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carmen Diaz-Jusino			Director Name Kevin Wiant		
Street Address 80 Bowlett Street			Street Address 102 Main Street #4		
City Providence	State RI	Zip 02909	City Charlestown	State MA	Zip 02129
Director Name Mitch Tyson			Director Name Christopher Muller		
Street Address 20 Burroughs Road			Street Address 19 Bay Pointe Drive Ext		
City Lexington	State MA	Zip 02420	City Buzzards Bay	State MA	Zip 02532
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Kristen D Scott				Date 03/09/2023	
Signature of Officer/Authorized Representative 				FILED	

MAR 15 2023
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MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov