



**State of Rhode Island
Department of State - Business Services Division**

STAMP

Annual Report for the year: **2023**

Corporation _____

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

RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

1. Entity ID Number 000134259		2. Exact name of the Corporation Studio1011 Inc			
3. Principal Office Address c/o 3214 Dobson Street			City Pittsburgh	State PA	Zip 15219
4. NAICS Code 541400		6. Brief description of the character of business conducted in Rhode Island Marketing and Design Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Finn Yonkers			Vice-President Name Jane M Solomon		
Street Address 125 Steamboat Ave			Street Address 3214 Dobson St.		
City North Kingstown	State RI	Zip 02852	City Pittsburgh	State PA	Zip 15219
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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/SERIES	PAR VALUE
		100	A	0.00	
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 Jane M Solomon				Date 12/29/2023	
Signature of Authorized Representative 			FILED		

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