



State of Rhode Island
Department of State - Business Services Division

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.

REC'D
25 APR 23 AM 10:06:23
MP
OFFICE OF THE
CLERK OF THE
STATE
ONLY

1. Entity ID Number 000120398		2. Exact name of the Corporation LULU STUDIO, INC.			
3. Principal Office Address 9 WILDWOOD RD			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 541420		6. Brief description of the character of business conducted in Rhode Island DESIGN SERVICES. INDUSTRIAL DESIGN, GRAPHIC DESIGN, WEBSITE DESIGN			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHAD BORKE			Vice-President Name		
Street Address 9 WILDWOOD RD			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name			Treasurer Name		
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 ANN BORKE			Director Name		
Street Address 9 WILDWOOD RD			Street Address		
City NARRAGANSETT	State RI	Zip 02882	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 <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 No Par Value		
			None		
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 CHAD BORKE					Date 4/22/25
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 28 2025

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BY 29290

FORM 630- Revised 12/2023