RI SOS Filing Number: 202571593800 Date: 4/28/2025 10:08:00 AM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

RECD RIDOS BSD
25 APR 28 AM 10:05:00

STAMP
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
000120398	LULU STUDIO, INC.

3. Principal Office Address	City	State	Zip
9 WILDWOOD RD	NARRAGANSETT	RI	02882

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541420	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 ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
CHAD BORKE	4/22/25

Signature of Authorized Representative: Chad Borke

FILED
APR 28 2025
BY 292g0 10:08

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

FORM 630- Revised 12/2023