



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 128731		2. Exact name of the Corporation STUDIOS 165, INC.			
3. Principal office address 228 Transit Street			City Providence	State RI	Zip 02906
4. Business Phone No. (401)923-5889		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the business of real estate, to include rentals, repairs of rentals, upkeep of rentals and any other lawful business.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kirsten Murphy			Vice-President Name Joseph Hassett		
Street Address 228 Transit Street			Street Address 228 Transit Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Kirsten Murphy			Treasurer Name Joseph Hassett		
Street Address 228 Transit Street			Street Address 28 Transit Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No par value
10. SHARES ISSUED (*X BOX FOR ATTACHMENT) <input type="checkbox"/>					

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 CORPORATIONS DIV
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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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED ✓
 MAR 06 2015
 BY CU 243939

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.

Kirsten Murphy March 1, 2015
 Signature of Authorized Representative Date

Kirsten Murphy
 Print or Type Name of Authorized Representative