



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 **2016**

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. 149975		2. Exact name of the Corporation StudioAD, Ltd.			
3. Principal office address 41 North Pearson Drive			City Warwick	State RI	Zip 02888
4. Business Phone No. (401) 383-1724		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Architectural Services					
LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name Christopher J. Henderson			Vice-President Name		
Street Address 41 North Pearson Drive			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Christopher J. Henderson			Treasurer Name Christopher J. Henderson		
Street Address 41 North Pearson Drive			Street Address 41 North Pearson Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
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			10. SHARES ISSUED (X) BOX FOR ATTACHMENT		
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	\$0.01

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

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.

Christopher J. Henderson 2/25/16
 Signature of Authorized Representative Date

Christopher J. Henderson, President
 Print or Type Name of Authorized Representative

Form No. 630
 Revised: 01/2012

FILED

FEB 29 2016

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BY _____