



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 658641		2. Exact name of the Corporation Three Wheel Studio, Inc.			
3. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Road			City Cumberland	State RI	Zip 02864-2824
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island Professional artist studio and gallery			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Dwo Wen Chen			Vice-President Name Daniel A. Deroy		
Street Address 436 Wickenden Street			Street Address 436 Wickenden Street		
City Providence	State RI	Zip 02903-4428	City Providence	State RI	Zip 02903-4428
Secretary Name Daniel A. Deroy			Treasurer Name Daniel A. Deroy		
Street Address 436 Wickenden Street			Street Address 436 Wickenden Street		
City Providence	State RI	Zip 02903-4428	City Providence	State RI	Zip 02903-4428
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SHARES	PAR VALUE	
		100	Common	no par	
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 DWO WEN CHEN				Date 1/21/21	
Signature of Authorized Representative 				FILED	

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