RI SOS Filing Number: 202332880660 Date: 4/12/2023 4:00:00 PM

State of Rhode Island  Department of Sta	vision FILED						
Annual Report for the year: 2023  Corporation			_ APR <b>1 2</b> 2023				
<ul> <li>→ Filing period: February 1 - May 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by May 31.</li> </ul>			BY 1572				
1. Entity ID Number 658641	2. Exact name of the Corporation Three Wheel Studio, INc.						
3. Principal Office Address	111100 11		City		State	Zip	
c/o Gaschen Law Offices, 180 Little Pond		•	Cumberla		RI	02864	
4. NAICS Code	6. Brief description of the character of busine				sland		
5. State of Incorporation	Professional artist studio and gallery						
RI							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Dwo Wen Chen			Vice-President Name Daniel A. Deroy				
Street Address 436 Wickenden Street			Street Address 436 Wickenden Street				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence		State RI	<sup>Zip</sup> 02903	
Secretary Name Daniel A. Deroy			Treasurer Name Daniel A. Deroy				
Street Address 436 Wickenden Street			Street Address 436 Wickenden Street				
<sup>City</sup> Providence	State RI	<sup>Z<sub>ip</sub></sup> 02903	City Providence		State RI	<sup>Zip</sup> 02903	
8. List ALL directors (names and a	ddresses)				the box to	ndicate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address				
City	State	Z·p	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Issu				ndicate an attachment 🗀	
This information is currently of record in the Department of State.  Changes require an additional filing.		100	SHARES	CLASS/SERIE	s	No Par	
11. This report must be executed o trustee, this report must be execute					oration is in	the hands of a receiver or	
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  ///// 2							
Dwo Wen Chen  Character of Author Research to the Character of the Charact							
Sipporture of Authorized Represent	auve 					` (	

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov