



**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**

2014

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. <u>155892</u>		2. Exact name of the Corporation <u>Tizra INC</u>			
3. Principal office address <u>9 Catalpa Rd</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
4. Business Phone No.		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Publishing web &amp; e-commerce services</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Abe DANE</u>		Vice-President Name <u>David Darand PhD</u>			
Street Address <u>9 Catalpa Rd</u>		Street Address <u>9 Catalpa Rd</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>James Van Allen Jr</u>		Director Name <u>Thorne Sparkman</u>			
Street Address <u>250 Beacen St</u>		Street Address <u>3 David Square</u>			
City <u>Boston</u>	State <u>MA</u>	Zip <u>02116</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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	
		<u>226,381.00</u>	<u>CWP</u>	<u>\$0.0100</u>	
		<u>88,051.00</u>	<u>PWP / A</u>	<u>\$0.0100</u>	

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

FILED  
FEB 27 2014  
2251