



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. 545884		2. Exact name of the Corporation TYLER POINT, INC.			
3. Principal office address 9 OWINGS STONE ROAD 5 Ridgewood Rd		City BARRINGTON	State RI	Zip 02806	
4. Business Phone No. 401 247 0017		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE, MANAGE AND OPERATE A FULL SERVICE RESTAURANT AND LOUNGE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name BRIAN THIMME			Vice-President Name ELIZABETH S. THIMME		
Street Address 9 OWINGS STONE ROAD 5 Ridgewood Rd			Street Address 9 OWINGS STONE ROAD 5 Ridgewood Rd		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name BRIAN THIMME			Treasurer Name ELIZABETH S. THIMME		
Street Address 9 OWINGS STONE ROAD			Street Address 9 OWINGS STONE ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name BRIAN THIMME			Director Name ELIZABETH S. THIMME		
Street Address 9 OWINGS STONE ROAD			Street Address 9 OWINGS STONE ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name NONE			Director Name NONE		
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
			200	COMMON	NO PAR VALUE

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.

FILED

FEB 26 2016

3V KL 789

Signature of Authorized Representative

Date

BRIAN THIMME, President

Print or Type Name of Authorized Representative