



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**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 <b>550900</b>		2. Exact name of the Corporation <b>Tidy Books USA, Inc.</b>			
3. Principal Office Address <b>1 Citizens Plaza, Ste. 500</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>81 - Other Services (except Pub</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retail sales of children's book shelves.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Geraldine Granddier</b>			Vice-President Name		
Street Address <b>Unit 10 Hiltongrove Business Ctr, Hatherley Mews</b>			Street Address		
City <b>London</b>	State <b>UK</b>	Zip <b>E 17 4QP</b>	City	State	Zip
Secretary Name <b>Geraldine Granddier</b>			Treasurer Name <b>Geraldine Granddier</b>		
Street Address <b>Unit 10 Hiltongrove Business Ctr, Hatherley Mews</b>			Street Address <b>Unit 10 Hiltongrove Business Ctr, Hatherley Mews</b>		
City <b>London</b>	State <b>UK</b>	Zip <b>E 17 4QP</b>	City <b>London</b>	State <b>UK</b>	Zip <b>E 17 4QP</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Geraldine Granddier</b>			Director Name		
Street Address <b>Unit 10 Hiltongrove Business Ctr, Hatherley Mews</b>			Street Address		
City <b>London</b>	State <b>UK</b>	Zip <b>E 17 4QP</b>	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/SERIES	PAR VALUE	
		<b>950</b>	<b>Common</b>	<b>\$0.01</b>	
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. <i>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.</i>					
Name of Authorized Representative <b>Geraldine Granddier</b>					Date <b>20/02/2017</b>
Signature of Authorized Representative					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2610  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED** *SL*

FORM 030 - Revised: 10/2016

**FEB 15 2017**

BY 106006253