



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 114654		2. Exact name of the Corporation Tumblebus, Inc.												
3. Principal Office Address 50 Ocean Village Court			City Wakefield	State RI	Zip 02879									
4. NAICS Code 611620		6. Brief description of the character of business conducted in Rhode Island To teach and promote gymnastics and to sell products related thereto.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Raymond Lyons			Vice-President Name Raymond Lyons											
Street Address 50 Ocean Village Court			Street Address 50 Ocean Village Court											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879									
Secretary Name Raymond Lyons			Treasurer Name Raymond Lyons											
Street Address 50 Ocean Village Court			Street Address 50 Ocean Village Court											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			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 Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">50</td> <td style="text-align:center">Common</td> <td style="text-align:center">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50	Common	No Par Value			
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50	Common	No Par Value												
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 Raymond Lyons			Date 2/13/17											
Signature of Authorized Representative 			BY											

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov