



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

Annual Report for the year: **2016**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number <b>000486472</b>		2. Exact name of the Corporation <b>Timios, Inc.</b>												
3. Principal Office Address <b>5716 Corsa Ave, Suite 102</b>			City <b>Westlake Village</b>	State <b>CA</b>	Zip <b>91362</b>									
4. NAICS Code <b>524210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Title insurance and settlement services</b>													
5. State of Incorporation <b>Delaware</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Trevor G. Stoffer</b>			Vice-President Name <b>Timothy M. Splane</b>											
Street Address <b>5716 Corsa Ave, Suite 102</b>			Street Address <b>4955 Steubenville Pike, Suite 305</b>											
City <b>Westlake Village</b>	State <b>CA</b>	Zip <b>91362</b>	City <b>Pittsburgh</b>	State <b>PA</b>	Zip <b>15205</b>									
Secretary Name <b>Timothy M. Splane</b>			Treasurer Name <b>Raymond B. Davison</b>											
Street Address <b>4955 Steubenville Pike, Suite 305</b>			Street Address <b>5716 Corsa Ave, Suite 102</b>											
City <b>Pittsburgh</b>	State <b>PA</b>	Zip <b>15205</b>	City <b>Westlake Village</b>	State <b>CA</b>	Zip <b>91362</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Trevor G. Stoffer</b>			Director Name <b>Raymond B. Davison</b>											
Street Address <b>5716 Corsa Ave, Suite 102</b>			Street Address <b>5716 Corsa Ave, Suite 102</b>											
City <b>Westlake Village</b>	State <b>CA</b>	Zip <b>91362</b>	City <b>Westlake Village</b>	State <b>CA</b>	Zip <b>91362</b>									
Director Name <b>Timothy M. Splane</b>			Director Name											
Street Address <b>4955 Steubenville Pike, Suite 305</b>			Street Address											
City <b>Pittsburgh</b>	State <b>PA</b>	Zip <b>15205</b>	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	.01												
Changes require an additional filing.														
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 <b>Timothy M. Splane</b>					Date <b>10/16/17</b>									
Signature of Authorized Representative <i>Timothy M. Splane</i>					<b>FILED</b>									

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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