



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

Annual Report for the year: 2019
Corporation

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

FILED

FEB 28 2019

BY 1164
OK

1. Entity ID Number 000551455		2. Exact name of the Corporation TIMOTHEORYS, INC			
3. Principal Office Address 29 JUNIPER AVE			City WARWICK	State RI	Zip 02886
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island COMIC PUBLISHING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TIMOTHY R. O'CONNOR			Vice-President Name NONE		
Street Address 29 JUNIPER AVE			Street Address NONE		
City WARWICK	State RI	Zip 02886	City NONE	State NONE	Zip NONE
Secretary Name TIMOTHY R. O'CONNOR			Treasurer Name TIMOTHY R. O'CONNOR		
Street Address 29 JUNIPER AVE			Street Address 29 JUNIPER AVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/RIES	PAR VALUE
		4100		CWP	\$0.0100
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 TIMOTHY R. O'CONNOR				Date FEBRUARY 26, 2019	
Signature of Authorized Representative 					

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

CR # 1164 2/28/19