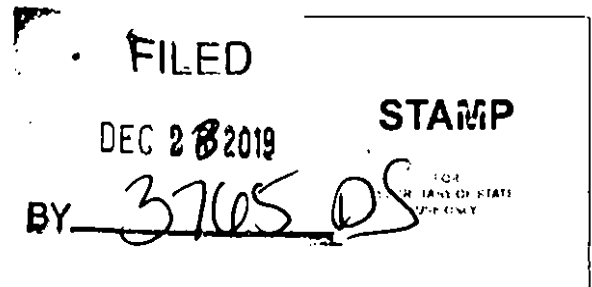


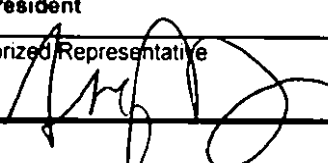


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**
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 000152819		2. Exact name of the Corporation Tim Gray Media, Inc.												
3. Principal Office Address 333 White Horn Drive, Ste. 1			City Kingston	State RI	Zip 02881									
4. NAICS Code 541690	6. Brief description of the character of business conducted in Rhode Island Media consulting and strategy, public relations													
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 Timothy Gray			Vice-President Name None											
Street Address 333 White Horn Drive, Ste. 1			Street Address											
City Kingston	State RI	Zip 02881	City	State	Zip									
Secretary Name Timothy Gray			Treasurer Name Timothy Gray											
Street Address 333 White Horn Drive, Ste. 1			Street Address 333 White Horn Drive, Ste. 1											
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Timothy Gray			Director Name None											
Street Address 333 White Horn Drive, Ste. 1			Street Address											
City Kingston	State RI	Zip 02881	City	State	Zip									
Director Name None			Director Name None											
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"> <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												
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 Gray, President					Date 12/14/19									
Signature of Authorized Representative 					SIGN DOCUMENT HERE									

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