

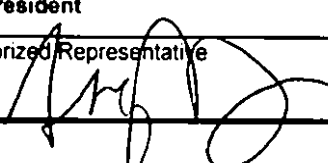


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

FILED
DEC 28 2019
STAMP
BY 3705 DS

| | | | | | |
|--|---|---|--|--------------------|-------------------------|
| 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 Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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. | | 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