



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
 JAN 21 2020
 BY 5723

1. Entity ID Number 128353		2. Exact name of the Corporation TUTHILL ASSOCIATES, INC.			
3. Principal Office Address 139 Timothy Road			City Sunapee	State NH	Zip 03782
4. NAICS Code 337110		6. Brief description of the character of business conducted in Rhode Island Manufacturing representative for sale of kitchen cabinets and other products.			
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 Kenneth A. Mello			Vice-President Name None		
Street Address 139 Timothy Road			Street Address		
City Sunapee	State NH	Zip 03782	City	State	Zip
Secretary Name Kenneth A. Mello			Treasurer Name Kenneth A. Mello		
Street Address 139 Timothy Road			Street Address 139 Timothy Road		
City Sunapee	State NH	Zip 03782	City Sunapee	State NH	Zip 03782
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth A. Mello			Director Name None		
Street Address 139 Timothy Road			Street Address		
City Sunapee	State NH	Zip 03782	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.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			100	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 Kenneth A. Mello				Date 01/13/2020	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov