



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year
Corporation

2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP

FEB 24 2020

BY

1453 DS

1. Entity ID Number 001687313		2. Exact name of the Corporation TANYA & TANYA, INC.			
3. Principal Office Address 200 PARK AVENUE SOUTH, 8TH FLOOR			City NEW YORK		State NY
			Zip 10003		
4. NAICS Code 981100		6. Brief description of the character of business conducted in Rhode Island ACTING/PERFORMING ART SERVICES			
5. State of Incorporation NEW YORK					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EBON MOSS			Vice-President Name		
Street Address 200 PARK AVENUE SOUTH, 8TH FL			Street Address		
City NEW YORK	State NY	Zip 10003	City	State	Zip
Secretary Name EBON MOSS			Treasurer Name EBON MOSS		
Street Address 200 PARK AVENUE SOUTH, 8TH FL			Street Address 200 PARK AVENUE SOUTH, 8TH FL		
City NEW YORK	State NY	Zip 10003	City NEW YORK	State NY	Zip 10003
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EBON MOSS			Director Name		
Street Address 200 PARK AVENUE SOUTH, 8TH FL			Street Address		
City NEW YORK	State NY	Zip 10003	City	State	Zip
Director Name			Director Name		
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		
			CLASS/SERIES		PAR VALUE
			200	CNP	0
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 MARK NG					Date 02-21-2020
Signature of Authorized Representative <i>Ng, Wailun</i>					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov