

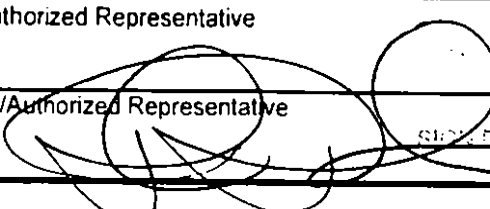


RI SOS Filing Number: 202037423540 Date: 4/9/2020 2:55:00 PM
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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BUSINESS DIV
2020 APR -9 P 2:53

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 001076296		2. Exact name of the Corporation Tinker Bristol			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manufacturing Incubator for RI. Providing & sourcing affordable Rapid Prototyping, Technical Services, R+D facility, and other technical needs for new and existing small and medium sized Manufacturing, Fabrication, and Product Design companies in RI and nearby by Coastal MA.			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address 60 Riverside Ave		City Portsmouth	State RI	Zip 02871	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Todd Thomas		Vice-President Name Georgina Macdonald			
Street Address 60 Riverside Ave		Street Address 180 Ferry Rd			
City Portsmouth	State RI	Zip 02871	City Bristol	State RI	Zip 02809
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Jessica Thomas		Director Name Francis Chaves			
Street Address 60 Riverside Ave		Street Address 49 Viking Dr			
City Portsmouth	State RI	Zip 02871	City Bristol	State RI	Zip 02809
Director Name Tom Kowalczyk		Director Name			
Street Address 9 Beechland Pl		Street Address			
City Middletown	State RI	Zip 02842	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Todd Thomas				Date 04/07/2020	
Signature of Officer/Authorized Representative 				FILED	

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

APR 09 2020
BY ST23 A.A. 2:55 P.M.
FORM 631 - Revised: 06/2017