



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

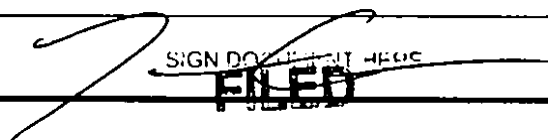
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JAN -6 PM 12:20

1. Entity ID Number 000822294		2. Exact name of the Corporation TyTy Works, Inc.	
3. Principal Office Address 76 Metropolitan Park Dr		City Riverside	State RI
		Zip 02915	
4. NAICS Code 541430 54 - Professional, Scientific, and Technical Services	6. Brief description of the character of business conducted in Rhode Island Video Production and Graphic Design		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Tyrone Campbell		Vice-President Name None	
Street Address 76 Metropolitan Park Dr		Street Address	
City Riverside	State RI	City	State
	Zip 02915		Zip
Secretary Name Tyrone Campbell		Treasurer Name Tyrone Campbell	
Street Address 76 Metropolitan Park Dr		Street Address 76 Metropolitan Park Dr	
City Riverside	State RI	City Riverside	State RI
	Zip 02915		Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	CWP
			\$1.00
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 Tyrone Campbell		Date 12/4/2020	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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