RI SOS Filing Number: 202184708860 Date: 1/6/2021 12:25:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

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**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.

| 1. Entity ID Number | 2 Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000822294 | TyTy Works, Inc. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 76 Metropolitan Park Dr | | Riverside | RI | 02915 |
| 4. NAICS Code 541430 | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 54 - Professional, Scientific, an | 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 | Zip: 02915 | City: | State: | 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 | Zip: 02915 | City: Riverside | State: RI | 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: | Zip: | 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 ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **This information is currently of record in the Department of State.** | 1,000 | CWP | $1.00 |
| **Changes require an additional filing.** | | | |

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 | Date |
|---|---|
| Tyrone Campbell | 12/4/2020 |
| Signature of Authorized Representative: SIGN DOCUMENT HERE | |

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

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**FORM 630 - Revised: 02/2017**