



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

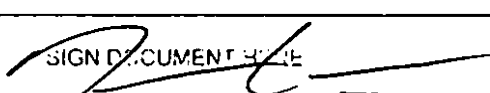
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
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		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	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 ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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

FILED

JAN 06 2021

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FORM 630 - Revised: 02/2017