State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2021 JAN -6 PM 12:20

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.

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**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	Date
Tyrone Campbell	12/4/2020

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
JAN 06 2021
BY SCG45
A.A. 12:21 P.M.

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

FORM 630 - Revised: 02/2017