

State of Rhode Island
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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. S. S. S. DIV.
 2021 APR 18 P 3 12

1. Entity ID Number 001667342		2. Exact name of the Corporation Tambour, Inc.			
3. Principal Office Address 40 Bsyberry Road			City Jamestown	State RI	
4. NAICS Code 611620		6. Brief description of the character of business conducted in Rhode Island Tennis lessons.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael H. J. Gooding			Vice-President Name NONE		
Street Address 40 Bsyberry Road			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200	CNP	\$0
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 Michael H. J. Gooding				Date 2/12/2021	
Signature of 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 08 2021
 FORM 630 - Revised: 02/2020
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