



State of Rhode Island  
 Department of State - Business Services Division

**FILED**

Annual Report for the year: **2021**  
 Corporation

JUN 17 2021  
 BY 25181

- 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 <b>001700458</b>		2. Exact name of the Corporation <b>Tiger Home Inspection Inc.</b>			
3. Principal Office Address 969 Washington Street			City Braintree	State MA	Zip 02184
4. NAICS Code <b>541350</b>		6. Brief description of the character of business conducted in Rhode Island Home inspections			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Joseph Rizzo, Jr.			Vice-President Name		
Street Address 25 Jays Lane			Street Address		
City Hanover	State MA	Zip 02339	City	State	Zip
Secretary Name Sean Rizzo			Treasurer Name Sean Rizzo		
Street Address 61 Thetford Avenue			Street Address 61 Thetford Avenue		
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Joseph Rizzo, Jr.			Director Name Sean Rizzo		
Street Address 25 Jays Lane			Street Address 61 Thetford Avenue		
City Hanover	State MA	Zip 02339	City Braintree	State MA	Zip 02184
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			1200	Common A	No Par Value
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.					
<b>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.</b>					
Name of Authorized Representative Joseph Rizzo, Jr.				Date 6-15-21	
Signature of Authorized Representative 					

MAIL TO:  
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