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State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 OCT 15 P 3:08

Annual Report for the year: 2021
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			
001674487	TyMark Inc			
3. Principal Office Address		City	State	Zip
130 Granite St.		Westerly	RI	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	Full Service Restaurant			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Tyler Carlson			Mark Lacz		
Street Address			Street Address		
224 Upper Pattagansett Rd			12 Wicklow Rd.		
City	State	Zip	City	State	Zip
East Lyme	CT	06333	Westerly	RI	02891
Secretary Name			**Treasurer Name**		
Mark Lacz			Tyler Carlson		
Street Address			Street Address		
12 Wicklow Rd			224 Upper Pattagansett Rd		
City	State	Zip	City	State	Zip
Westerly	RI	02891	East Lyme	CT	06333

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized 1000	10 Shares Issued 1000 — 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.	1000	CWP	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	Date
Tyler Carlson	10/14/21
Signature of Authorized Representative	

FILED
OCT 15 2021
BY BNDCS
3:10

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov