



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001710690

**2. Exact Name of the Limited Liability Company** type.tools LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541511

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

WE ARE A SOFTWARE DESIGN AND DEVELOPMENT COLLABORATIVE THAT SPECIALIZES IN BUILDING NEXT-GENERATION TOOLS FOR TYPOGRAPHERS AND TYPE DESIGNERS.

**5. Principal Office Address**

No. and Street: 330 BLEECKER STREET 2A

City or Town: BROOKLYN

State: NY

Zip: 11237

Country: US

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: NICOLAS SCHUMANN Contact Title: MEMBER

No. and Street: 330 BLEECKER STREET 2A

City or Town: BROOKLYN

State: NY

Zip: 11237

Country: US

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	NICOLAS SCHUMANN	204 WESTMINSTER STREET, FL3 PROVIDENCE, RI 02903 US
MANAGER	CEM ESKINAZI	204 WESTMINSTER STREET, FL3 PROVIDENCE, RI 02903 US
MANAGER	MARIE OTSUKA	204 WESTMINSTER STREET, FL3 PROVIDENCE, RI 02903 US

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 2 Day of November, 2021 at 1:20:07 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By NICOLAS SCHUMANN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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