



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2022**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
 FEB 25 2022  
 BY

1. Entity ID Number <b>000114654</b>		2. Exact name of the Corporation <b>Tumblebus, Inc.</b>			
3. Principal Office Address <b>2956 Tower Hill Road</b>		City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	
4. NAICS Code <b>611620</b>	6. Brief description of the character of business conducted in Rhode Island  <b>To teach and promote gymnastics and to sell products related thereto.</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Raymond Lyons</b>		Vice-President Name <b>Raymond Lyons</b>			
Street Address <b>2956 Tower Hill Road</b>		Street Address <b>2956 Tower Hill Road</b>			
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>Raymond Lyons</b>		Treasurer Name <b>Raymond Lyons</b>			
Street Address <b>2956 Tower Hill Road</b>		Street Address <b>2956 Tower Hill Road</b>			
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None.</b>		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		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		CLASS/SERIES	PAR VALUE
		<b>50</b>		<b>Common</b>	<b>No Par Value</b>
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 <b>Raymond Lyons</b>				Date <b>2/15/2022</b>	
Signature of Authorized Representative 					

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