



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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 14 2023

B. 5248

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1. Entity ID Number 000114654		2. Exact name of the Corporation Tumblebus Inc.			
3. Principal Office Address 2956 Tower Hill Rd.			City Saunderstown	State RI	Zip 02874
4. NAICS Code 611620		6. Brief description of the character of business conducted in Rhode Island To teach and promote gymnastics and to sell products related thereto			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond Lyons			Vice-President Name Raymond Lyons		
Street Address 2956 Tower Hill Rd			Street Address same		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Raymond Lyons			Treasurer Name Raymond Lyons		
Street Address 2956 Tower Hill Rd			Street Address same		
City Saunderstown	State RI	Zip 02874	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		
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VAL UJ
			50	common	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. 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 Raymond Lyons				Date 2/8/23	
Signature of Authorized Representative Raymond Lyons					

MAIL TO:
 Division of Business Services
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