



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: **2024**
Corporation

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

1. Entity ID Number 000545884			2. Exact name of the Corporation Tyler Point, Inc.		
3. Principal Office Address 5 Ridgewood Road			City Barrington	State RI	Zip 02806
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE, MANAGE AND OPERATE A FULL SERVICE RESTAURANT AND LOUNGE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian Thimme			Vice-President Name Elizabeth S. Thimme		
Street Address 5 Ridgewood Road			Street Address 5 Ridgewood Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Brian Thimme			Treasurer Name Elizabeth S. Thimme		
Street Address 5 Ridgewood Road			Street Address 5 Ridgewood Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brian Thimme			Director Name Elizabeth S. Thimme		
Street Address 5 Ridgewood Road			Street Address 5 Ridgewood Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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		
			CLASS/SERIES		
			PAR VALUE		
			200		
			Common Shares		
			0.01 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 Brian Thimme					Date 1-24-24
Signature of Authorized Representative 					FILED

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

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