



State of Rhode Island

Department of State - Business Services Division

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.

FEB 29 2024

527600

1. Entity ID Number 000114654		2. Exact name of the Corporation Tumblebus, Inc.	
3. Principal Office Address 2956 Tower Hill Road		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 Road		Street Address 2956 Tower Hill Road	
City Saunderstown	State RI	City Saunderstown	State RI
Zip 02874		Zip 02874	
Secretary Name Raymond Lyons		Treasurer Name Raymond Lyons	
Street Address 2956 Tower Hill Road		Street Address 2956 Tower Hill Road	
City Saunderstown	State RI	City Saunderstown	State RI
Zip 02874		Zip 02874	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		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 2/12/2024	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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