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**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.

1. Entity ID Number 000053677	2. Exact name of the Corporation TYTEX, INC.
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3. Principal Office Address P.O. BOX 40458	City Providence	State RI	Zip 02940
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4. NAICS Code 313310	6. Brief description of the character of business conducted in Rhode Island PRODUCTION AND TRADE OF TEXTILE GOODS
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Line Wulff			Vice-President Name		
Street Address MARSVEJ 6			Street Address		
City DK-7430 IKAST	State DNK	Zip	City	State	Zip
Secretary Name Peter Raaby Skou			Treasurer Name Pia Christensen		
Street Address MARSVEJ 6			Street Address MARSVEJ 6		
City DK-7430 IKAST	State DNK	Zip	City DK-7430 IKAST	State DNK	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Line Wulff			Director Name		
Street Address MARSVEJ 6			Street Address		
City DK-7430 IKAST	State DNK	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common Stock	\$1.00

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 Pia Christensen, Treasurer	FILED	Date 5/29/2024 9:26 AM EDT
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Signature of Authorized Representative <i>Pia Christensen</i>	MAY 31 2024 BY <i>[Signature]</i>
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

ADDENDUM TO STATE OF RHODE ISLAND
2024 ANNUAL REPORT FOR
TYTEX, INC.

7. Names and Addresses of Additional Officers:

Assistant Treasurer: Mauricio Morales – MARSVEJ 6, DK-7430 IKAST, Denmark

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