



**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.

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 001713673		2. Exact name of the Corporation Tinuiti Inc.	
3. Principal Office Address 1229 Chestnut Street, Front 1, #404		City Philadelphia	State PA
		Zip 19107	
4. NAICS Code 541613	6. Brief description of the character of business conducted in Rhode Island Digital Marketing Agency		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Matthew Holt		Vice-President Name Kyle Peterson	
Street Address 1633 Broadway, 48th Floor		Street Address 1633 Broadway, 48th Floor	
City New York	State NY	Zip 10019	City New York
Secretary Name Brian Murphy		Treasurer Name Brian Murphy	
Street Address 1633 Broadway, 48th Floor		Street Address 1633 Broadway, 48th Floor	
City New York	State NY	Zip 10019	City New York
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Zachary Morrison		Director Name Matthew Holt	
Street Address 1229 Chestnut Street Front 1, #404		Street Address 1633 Broadway, 48th Floor	
City Philadelphia	State PA	Zip 19107	City New York
Director Name Brian Murphy		Director Name Kyle Peterson	
Street Address 1633 Broadway, 48th Floor		Street Address 1633 Broadway, 48th Floor	
City Philadelphia	State PA	Zip 10019	City New York
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	
		1000	common stock
		\$01	
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 Ellen DiStefano			Date 6/11/24
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

FILED

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BY PW005

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