FILED

APR 02 2025

BY 1260

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation
000788896	Tiny's Old Town Lumber inc.

3. Principal Office Address	City	State	Zip
500 Old Town Road	Block Island	R.I.	02807

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44190	Resale Lumber, Hardware & misc building supplies.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Cheryl S. Blane	Melanie B Wilk
Street Address: 500 Old Town Road	Street Address: 505 Old Town Road
City: Block Island, State: R.I., Zip: 02807	City: Block Island, State: R.I., Zip: 02807
Secretary Name: Melanie B. Wilk	**Treasurer Name:** Cheryl S. Blane
Street Address: 505 Old Town Road	Street Address: 500 Old Town Road
City: Block Island, State: R.I., Zip: 02807	City: Block Island, State: R.I., Zip: 02807

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	CNP	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	Date
Cheryl S Blane	3/31/2025

Signature of Authorized Representative: Cheryl S Blane

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

FORM 630- Revised 12/2023