



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 001766321

**2. Name of Corporation** Tiz, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 1 N DEARBORN STREET  
SUITE 700

City or Town: CHICAGO State: IL Zip: 60602 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: DE

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541512

**6. Brief Description of the Character of Business Conducted in Rhode Island**

DEVELOPMENT, DISTRIBUTION AND SALE OF SOFTWARE;

PART 8: SHARES AUTHORIZED AND ISSUED:

CLASS SERIES PAR VALUE AUTHORIZED  
ISSUED AND OUTSTANDING

COMMON 0.00001 52,000,000  
5,950,051  
PREFERRED SERIES SEED-1 0.00001 5,446,463  
5,446,463  
PREFERRED SERIES SEED-2 0.00001 3,698,858  
3,698,858  
PREFERRED SERIES SEED-3 0.00001 3,911,490  
3,911,490  
PREFERRED SERIES A 0.00001 6,417,747  
6,400,679  
PREFERRED SERIES B 0.00001 4,710,138  
4,710,138  
PREFERRED SERIES C 0.00001 9,567,809  
9,567,809

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT, SECRETARY, TREASURER, DIRECTOR	TAYLOR KATZMAN	1 N DEARBORN STREET SUITE 700 CHICAGO, IL 60602 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
No Stock Information available.				

**9. 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.**

**Signed this 13 Day of May, 2025 at 3:13:22 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KEVIN PRICE  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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