

**2022 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: F2091520
Filing Number: 2204214449511
Filing Date/Time: 04/21/2022 09:40 AM
Effective Date/Time: 04/21/2022 09:40 AM



1. CORPORATION NAME:

TICK & CO., INC.

DUE DATE: **05/31/22**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY

PARACORP INCORPORATED
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111-0000

SCC ID NO.: **F209152-0**

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 200

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

085-HANOVER COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

NY-New York

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: ONE HOLLOW LANE SUITE 305	ADDRESS:
CITY/ST/ZIP NEW HYDE PARK, NY 11042-0000	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JEFFREY S TICK	NAME:
TITLE: President	TITLE:
ADDRESS: ONE HOLLOW LANE SUITE 305	ADDRESS:
CITY/ST/ZIP: NEW HYDE PARK, NY 11042-0000	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Jeffrey Tick President
PRINTED NAME AND CORPORATE TITLE

4/18/2022
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:
TICK & CO., INC.

DUE DATE: **05/31/22**
SCC ID NO.: **F209152-0**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JONATHAN L TICK TITLE: Vice President ADDRESS: ONE HOLLOW LANE SUITE 305 CITY/ST/ZIP: NEW HYDE PARK, NY 11042-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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