

**2020 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: F2091520  
Filing Number: 200410543819  
Filing Date/Time: 04/10/2020 12:44 PM  
Effective Date/Time: 04/10/2020 12:44 PM



1. CORPORATION NAME:  
TICK & CO., INC.

DUE DATE: **05/31/20**

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

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 checked="" 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"/> NAME: JEFFREY S TICK TITLE: President ADDRESS: ONE HOLLOW LANE SUITE 305 CITY/ST/ZIP: NEW HYDE PARK, NY 11042-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0007086



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  
PRINTED NAME AND CORPORATE TITLE

4-7-2020  
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.

2020 ANNUAL REPORT CONTINUED

Commonwealth of Virginia  
 State Corporation Commission  
 Office of the Clerk  
 Entity ID: F2091520  
 Filing Number: 200410543819  
 Filing Date/Time: 04/10/2020 12:44 PM  
 Effective Date/Time: 04/10/2020 12:44 PM

CORPORATION NAME:  
 TICK & CO., INC.

DUE DATE: 05/31/20  
 SCC ID NO.: F209152-0

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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 checked="" 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"/> NAME: JONATHAN L TICK TITLE: Vice President ADDRESS: ONE HOLLOW LANE SUITE 305 CITY/ST/ZIP: NEW HYDE PARK, NY 11042-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0007086

