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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
52459	ROYAL VENDING SERVICE, INC.

3. Principal office address	City	State	Zip
23 HARGRAVES STREET	JOHNSTON	RI	02919

4. Business Phone No.	5. State of Incorporation
(401) 272-2332	R. I.

6. Brief description of the character of business conducted in Rhode Island
SALE OF FOOD, BEVERAGES AND OTHER PRODUCTS THROUGH CURRENCY OPERATED EQUIPMENT.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
ALEX PSZNOWSKY	23 HARGRAVES ST	JOHNSTON	RI	02919

Vice-President Name	Street Address	City	State	Zip
KATHLEEN PSZNOWSKY	23 HARGRAVES ST.	JOHNSTON	RI	02919

Secretary Name	Street Address	City	State	Zip
KATHLEEN PSZNOWSKY	23 HARGRAVES ST	JOHNSTON	RI	02919

Treasurer Name	Street Address	City	State	Zip
Alex PSZNOWSKY	23 HARGRAVES ST	JOHNSTON	R.I.	02919

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Alex PSZNOWSKY	23 HARGRAVES ST	JOHNSTON	RI	02919

Director Name	Street Address	City	State	Zip
[illegible]	NONE			

Director Name	Street Address	City	State	Zip
KATHLEEN PSZNOWSKY	23 HARGRAVES ST	JOHNSTON	RI	02919

Director Name	Street Address	City	State	Zip
	NONE			

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	80	COMMON	$3.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 0 8 2013
BY MMC

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.

[signature] 1/5/13
Signature of Authorized Representative Date

Alex PSZNOWSKY
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
86876-6-792544

CR # 13708