



**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. <u>52459</u>		2. Exact name of the Corporation <u>ROYAL VENDING SERVICE, INC.</u>	
3. Principal office address <u>23 HARGRAVES STREET</u>		City <u>JOHNSTON</u>	State <u>RI</u>
		Zip <u>02919</u>	
4. Business Phone No. <u>(401) 272-2332</u>		5. State of Incorporation <u>R. I.</u>	
6. Brief description of the character of business conducted in Rhode Island <u>SALE OF FOOD, BEVERAGES AND OTHER PRODUCTS THROUGH CURRENCY OPERATED EQUIPMENT.</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>ALEX PSZNOWSKY</u>		Vice-President Name <u>KATHLEEN PSZNOWSKY</u>	
Street Address <u>23 HARGRAVES ST</u>		Street Address <u>23 HARGRAVES ST.</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	City <u>JOHNSTON</u>	State <u>RI</u>
Secretary Name <u>KATHLEEN PSZNOWSKY</u>		Treasurer Name <u>ALEX PSZNOWSKY</u>	
Street Address <u>23 HARGRAVES ST</u>		Street Address <u>23 HARGRAVES ST</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	City <u>JOHNSTON</u>	State <u>R.I.</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Alex Psznowsky</u>		Director Name <u>NONE</u>	
Street Address <u>23 HARGRAVES ST</u>		Street Address <u>NONE</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	City	State
Director Name <u>KATHLEEN PSZNOWSKY</u>		Director Name <u>NONE</u>	
Street Address <u>23 HARGRAVES ST</u>		Street Address <u>NONE</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		NUMBER OF SHARES	CLASS/SERIES
		<u>80</u>	<u>COMMON</u>
		PAR VALUE	<u>\$3.00</u>

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 \_\_\_\_\_

**FILED**

Check No \_\_\_\_\_

**JAN 08 2013**

By: \_\_\_\_\_

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.

Alex Psznowsky / 1/5/13  
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative

MMC  
CR # 13708