State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
10119	Trans Global Funding, Ltd.

3. Principal Office Address	City	State	Zip
100 Enfield Avenue	Providence	RI	02908

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental and	Real Estate holding
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Joseph D. Mazzotta			Vice-President Name:		
Street Address: 100 Enfield Avenue			Street Address:		
City: Providence	State: RI	Zip: 02908	City:	State:	Zip:
Secretary Name: Joanne Mazzotta			Treasurer Name: Joseph D. Mazzotta		
Street Address: 100 Enfield Avenue			Street Address: 100 Enfield Avenue		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	300	Common	No Par Value
Changes require an additional filing.			

11. 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.

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.

Name of Authorized Representative: Joseph D. Mazzotta, President

Date: 2/15/17

Signature of Authorized Representative

FILED
FEB 23 2017
BY 27215

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017