



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

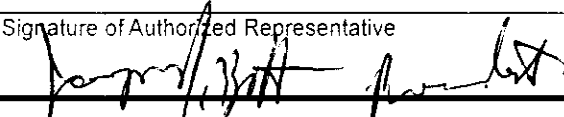
Annual Report for the year: **2017**

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 10119		2. Exact name of the Corporation Trans Global Funding, Ltd.			
3. Principal Office Address 100 Enfield Avenue		City Providence		State RI	Zip 02908
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300	Common	No Par Value	
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 2721DS

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov