



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

MAY 01 2023

SY

1. Entity ID Number 1738241		2. Exact name of the Corporation Train Wreck Entertainment, Inc			
3. Principal Office Address 21 Mason Road			City Barrington	State RI	Zip 02806
4. NAICS Code 711190		6. Brief description of the character of business conducted in Rhode Island Engage in the performing arts			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victoria Parella			Vice-President Name None		
Street Address 21 Mason Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Victoria Parella			Treasurer Name Victoria Parella		
Street Address 21 Mason Road			Street Address 21 Mason Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Victoria Parella			Director Name None		
Street Address 21 Mason Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Victoria Parella				Date 03/11/2023	
Signature of Authorized Representative <i>X Victoria Parella</i>					