RI SOS Filing Number: 202339692590 Date: 7/24/2023 9:55:00 AM

State of Rhode Island	d					
Department of Sta		ss Services D	ivision			
Annual Report for the year:				RECEIVED R.I. DEPT. OF STATE		
Corporation → Filing period: February 1 - May 1			įζ	T. DEPT. UES BUS SVCS	017 21915	
	→ Filing Fee: \$50.00			00000	L*1 +	
→ Penalty: Additional \$25.00 f	ee if form is not	filed by May 31.	<u> </u>	123 - 111 - 24 - 1	<u> ነ ዓ ነ ነ</u>	
1. Entity ID Number	2. Exact name of	of the Corporation	· ·			
39595	TWIN	VendING.	SERVICE INC	·		
3. Principal Office Address	- 5 -		City	State	Zip	
241 SUMMI	T DR		Canston	K-1	02920	
4. NAICS Code	6. Brief descript	ion of the character	r of business conducted in Rhode I	sland		
445132	WENDING GAIRS					
5. State of Incorporation		5 37	•			
	<u> </u>	<u>.</u> .	<u> </u>			
List ALL officers (names and addresses) resident Name			Check the box to indicate an attachment Vice-President Name			
FRANK ADDESS;			MARSHA ADDRCS.			
Street Address ZYI SUMMIT DR			Street Address Z4 / SIMM/T DR			
City /	State	Zip _ C(Q()	City C	State	DEGIZ D	
Secretary Name	121-	0292()	Treasurer Name	124	100120	
FRANK ADDESSI			MARSHA Addessi			
Street Address			Street Address			
City CITY SUMMIT	State	Zip	City Summit	State	Zip	
Canston	RI	02920	Constan	RI	02920	
B. List ALL directors (names and a Director Name	ddresses)		Check the b	ox to indicate an a	attachment 🔲	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	1		Director Name	<u> </u>		
Director Nume			Director Marie			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
·	State					
9. Shares Authorized		Zip 10. Shares Issue NUMBER OF S	ed Check the b	ox to indicate an		
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9. Shares Authorized This information is currently of reco Department of State. Changes require an additional filing. 11. This report must be executed of ceiver or trustee, this report must be	on behalf of the cope executed on be	10. Shares Issue NUMBER OF S NO Orporation by an autehalf of the corpora	thorized representative. If the corporation by the receiver or trustee.	pox to indicate and s	attachment D PAR VALUE N f V	
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