



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <u>39595</u>		2. Exact name of the Corporation <u>TWIN VENDING SERVICE INC.</u>			
3. Principal Office Address <u>241 SUMMIT DR</u>		City <u>Cranston</u>		State <u>RI</u>	Zip <u>02920</u>
4. NAICS Code <u>445132</u>		6. Brief description of the character of business conducted in Rhode Island <u>VENDING SALES.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>FRANK ADDRESSI</u>			Vice-President Name <u>MARSHA ADDRESSI</u>		
Street Address <u>241 SUMMIT DR</u>			Street Address <u>241 SUMMIT DR</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u>FRANK ADDRESSI</u>			Treasurer Name <u>MARSHA ADDRESSI</u>		
Street Address <u>241 SUMMIT DR</u>			Street Address <u>241 SUMMIT DR</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			NONE		600 NPV
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. <u>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.</u>					
Name of Authorized Representative <u>FRANK ADDRESSI</u>					Date <u>7/4/23</u>
Signature of Authorized Representative 					

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

FILED 951
JUL 24 2023
BY 19987

FORM 630- Revised 04/2023