



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2016  
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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JUL 24 A 9 44

1. Entity ID Number <b>39595</b>		2. Exact name of the Corporation <b>TWIN VENDING SERVICE INC.</b>			
3. Principal Office Address <b>241 SUMMIT DR</b>		City <b>CRASTON</b>		State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>445132</b>		6. Brief description of the character of business conducted in Rhode Island <b>VENDING SALES.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>FRANK ADDRESSI</b>			Vice-President Name <b>MARSHA ADDRESSI</b>		
Street Address <b>241 SUMMIT DR</b>			Street Address <b>241 SUMMIT DR</b>		
City <b>Craston</b>		State <b>RI</b>	Zip <b>02920</b>	City <b>Craston</b>	
Secretary Name <b>FRANK ADDRESSI</b>		Treasurer Name <b>MARSHA ADDRESSI</b>			
Street Address <b>241 SUMMIT DR</b>			Street Address <b>241 SUMMIT DR</b>		
City <b>Craston</b>		State <b>RI</b>	Zip <b>02920</b>	City <b>Craston</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>NONE</b>		<b>600 NPV</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>FRANK ADDRESSI</b>				Date <b>7/14/23</b>	
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

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BY 19987