



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2011

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 39595		2. Exact name of the Corporation TWIN VENDING SERVICE INC.		2023 JUL 24 A 9:44							
3. Principal Office Address 241 SUMMIT DR		City Cranston	State RI	Zip 02920							
4. NAICS Code 445132		6. Brief description of the character of business conducted in Rhode Island VENDING SALES.									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name FRANK ADDRESSI			Vice-President Name MARSHA ADDRESSI								
Street Address 241 SUMMIT DR			Street Address 241 SUMMIT DR								
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920						
Secretary Name FRANK ADDRESSI			Treasurer Name MARSHA ADDRESSI								
Street Address 241 SUMMIT DR			Street Address 241 SUMMIT DR								
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920						
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 20%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">NONE</td> <td></td> <td style="text-align: center;">600 NPV</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE		600 NPV
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
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. 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 FRANK ADDRESSI					Date 7/14/23						
Signature of Authorized Representative <i>[Signature]</i>											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUL 24 2023

BY 19987

FORM 630 Revised 04/2023