



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2011
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

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

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"/>		
			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