



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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 <b>53013</b>		2. Exact name of the Corporation <b>World Trophies Company, Inc.</b>	
3. Principal Office Address <b>275 Silver Spring Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
4. NAICS Code <b>339999</b>	6. Brief description of the character of business conducted in Rhode Island <b>Manufacture, sell at wholesale and retail, and distribute all types of trophies, plaques, boutiques, etc., and all allied purposes.</b>		
5. State of Incorporation <b>Rhode Island</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>Peter Evangelista</b>		Vice-President Name <b>Jayne Evangelista</b>	
Street Address <b>275 Silver Spring Street</b>		Street Address <b>275 Silver Spring Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name <b>Peter Evangelista</b>		Treasurer Name <b>Peter Evangelista</b>	
Street Address <b>275 Silver Spring Street</b>		Street Address <b>275 Silver Spring Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			\$0.00
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>Peter Evangelista</b>			Date <b>1/23/25</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](http://www.sos.ri.gov)

**FILED**  
**MAR 14 2025**  
FOR F. 630- Revised 12/2023  
BY **EMZ**  
**es**