



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.

FILED

APR 08 2025

BY

1. Entity ID Number 11514		2. Exact name of the Corporation Trans World Realty, Inc.			
3. Principal Office Address 875 Centerville Road, Bldg 2			City Warwick	State RI	Zip 02886
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To Own Real Estate.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul P. Pederzani III, Esq.			Vice-President Name Gary T. DellaGrotta		
Street Address 875 Centerville Road, Bldg 2			Street Address 14 Wallace Circle		
City Warwick	State RI	Zip 02886	City Londonderry	State NH	Zip 03053
Secretary Name Gary T. DellaGrotta			Treasurer Name Paul P. Pederzani III, Esq.		
Street Address 14 Wallace Circle			Street Address 875 Centerville Road, Bldg 2		
City Londonderry	State NH	Zip 03053	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul P. Pederzani III, Esq.			Director Name Gary T. DellaGrotta		
Street Address 875 Centerville Road, Bldg 2			Street Address 14 Wallace Circle		
City Warwick	State RI	Zip 02886	City Londonderry	State NH	Zip 03053
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		
			PAR VALUE		
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 Paul P. Pederzani III					Date 04/03/2025
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