

## State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



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Profit Corporation Annual Report for the year:			2016		rain OGE 10 WILTO.	
Filing period: January 1 - N		TUIO DEDODE DV	MARQUAA MIILA	50111 T IN 4 405 4	DENIAL TYPES	
Filing Fee: \$50.00 *FAILU 1/Entity ID Number			MARCH 31 WILL R	ESULI IN A \$25.0	OU PENALIY FEE.	
001019724	1	2. Exact name of the Corporation  Trans World Marketing Corporation				
	ITALIS FFO	ild marketing corpe			1	
3. Principal Office Address	<u> </u>		City	State	Zip	
360 Murray Hill Parkway			East Rutherford	NJ	07073	
4. Business Phone Number			5. State of Incorporation			
201-935-5565			New Jersey			
6. Brief description of the cha	racter of busin	ess conducted in Rhoo	le Island			
Sales Office						
7 List ALL officers (names an	d addresses)	And the second of the second o	C	heck the box to indi	-000	
President Name William V Carafello			Vice-President Name			
Street Address 22 Hillock						
			Street Address			
City Hawthorne	State NJ	<sup>Zip</sup> <b>07506</b>	City	State	Zip	
	NJ	0/506				
Secretary Name			Treasurer Name			
Street Address			Street Address			
					:	
City	State	Zip	City	State	Zip	
8. List ALL directors (names a	nd oddrooss.	)				
Director Name	ilu audiesses,	<u>)</u>	Director Name	heck the box to indi	zate an attachment	
None						
Street Address			Street Address			
City State Zip			City Chata 7:a			
City	State	Zip	City	State	Zip	
9. Shares Authorized			10. Shares Issued	Check box to indic	cate an attachment	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.			2500.00	CNP	0	
				-		
<ol> <li>This report must be execute receiver or trustee, this report</li> </ol>					tion is in the hands of a	
Under penalty of perjury, I d					anving schedules and	
statements, and that all stat	ements conta					
Name of Authorized Represen		^		Date	1 )	
William	V. Cara	itello		C	7/12/206	
Signature of Authorized Repre	sentative					
		SIGN DOCU	MENT HERE			

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Form No. 630 Revised: 2016