



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 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
 STAMP
 2022 MAR 17 P 3:47

| | | | | | |
|---|--------------------|---|---|--------------------|--------------------------|
| 1. Entity ID Number 53013 | | 2. Exact name of the Corporation World Trophies Company, Inc. | | | |
| 3. Principal Office Address 275 Silver Spring Street | | | City Providence | State RI | Zip 02904 |
| 4. NAICS Code 339999 | | 6. Brief description of the character of business conducted in Rhode Island Manufacture, sell at wholesale and retail, and distribute all types of trophies, plaques, boutiques, etc., and all allied purposes. | | | |
| 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 Peter Evangelista | | | Vice-President Name Jayne Evangelista | | |
| Street Address 275 Silver Spring Street | | | Street Address 275 Silver Spring Street | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| Secretary Name Peter Evangelista | | | Treasurer Name Peter Evangelista | | |
| Street Address 275 Silver Spring Street | | | Street Address 275 Silver Spring Street | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| 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 | | | 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 VAL UF |
| | | | 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. | | | | | |
| 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 Peter Evangelista | | | | | Date 3/11/2022 |
| 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

FILED
MAR 17 2022
 BY 38061