

RI SOS Filing Number: 202332581990 Date: 4/6/2023 4:00:00 PM

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State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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| → Penalty: Additional \$25                                     |   |   |                                       |   |                         |                            |  |  |  |
|--|---|---|---------------------------------------|---|-------------------------|----------------------------|--|--|--|
| 1. Entity ID Number  |   | 2. Exact name of the Corporation しいは あされ つり トラストラストラスト World Trophies Company, Inc. |                                       |   |                         |                            |  |  |  |
| 53013  | vvoria i  | ropnies Com   | ipany, inc.                           |   |                         |                            |  |  |  |
| 3. Principal Office Address                                    |   | City  |                                       | State                                   | Zip                     |                            |  |  |  |
| 275 Silver Spring Stre   |   |   | Providence                            |   | RI                      | 02904                      |  |  |  |
| 4. NAICS Code  | 6. Brief desc                                   | Brief description of the character of business conducted in Rhode Island            |                                       |   |                         |                            |  |  |  |
| 339999   | Manufac   | Manufacture, sell at wholesale and retail, and distribute all types of trophies,    |                                       |   |                         |                            |  |  |  |
| 5. State of Incorporation                                      | <u> </u>  | plaques, boutiques, etc., and all allied purposes.                                  |                                       |   |                         |                            |  |  |  |
| Rhode Island   | [ [ [ ]   | ,_,_,_,   | ,                                     | , , , , , , , , , , , , , , , , , , ,   |                         |                            |  |  |  |
| 7. List ALL officers (names an                                 | d addresses)                                    | · · · · ·   |                                       |   | k the box to            | indicate an attachment 🔲   |  |  |  |
| President Name Peter Evangelista                               |   |   | Vice-President Name Jayne Evangelista |   |                         |                            |  |  |  |
| Street Address 275 Silver S                                    |   |   | Street Address                        | \$ 275 Silver Sprii                     | =                       |                            |  |  |  |
|  | State   | Zip   |                                       |   | State                   |                            |  |  |  |
| <sup>City</sup> Providence                                     | State RI  | <sup>Zip</sup> 02904  | <sup>City</sup> Provid                |   | State RI                | <sup>Zip</sup> 02904       |  |  |  |
| Secretary Name Peter Evang                                     | elista  | -   | Treasurer Name Peter Evangelista      |   |                         |                            |  |  |  |
| Street Address 275 Silver Spring Street                        |   | Street Address 275 Silver Spring Street   |                                       |   |                         |                            |  |  |  |
| <sup>City</sup> Providence                                     | State RI  | <sup>Zip</sup> 02904  | City Providence                       |   | State RI                | <sup>Zip</sup> 02904       |  |  |  |
| 8. List ALL directors (names a                                 | ind addresses)                                  |   |                                       |   | k the box to            | indicate an attachment     |  |  |  |
| Director Name  |   |   | Director Name                         |   |                         |                            |  |  |  |
| Street Address   |   | Street Address  | <u> </u>                              |   |                         |                            |  |  |  |
|  |   |   |                                       |   |                         |                            |  |  |  |
| City   | State   | Zip   | City                                  |   | State                   | Zip                        |  |  |  |
| Director Name  | •   | •   | Director Name                         |   | •                       | •                          |  |  |  |
| Street Address   |   | <del> </del>  | Street Address                        | 3                                       |                         |                            |  |  |  |
| City   | State   | Zip   | City                                  |   | State                   | Ζιρ                        |  |  |  |
| 9. Shares Authorized   | 1   | 10. Shares Iss  | ued                                   | Check the box to indicate an attachment |                         |                            |  |  |  |
| This information is currently of                               | This information is currently of record in the  |   | NUMBER OF SHARES                      |   | C. ASS/SERIES PAR VALUE |                            |  |  |  |
| Department of State.   |   | 100   |                                       | Common                                  |                         | \$0.00                     |  |  |  |
| Changes require an additional filing.                          |   |   |                                       |   |                         |                            |  |  |  |
| 11. This report must be execu                                  | ted on behalf of the                            | corporation by an a   | authorized repres                     | sentative. If the con                   | oration is in           | the hands of a receiver or |  |  |  |
| trustee, this report must be ex                                | ecuted on behalf o                              | f the corporation by  | the receiver or tr                    | ustee.                                  |                         |                            |  |  |  |
| Under penalty of perjury, I o<br>statements, and that all stat |   |   |                                       | ncluding any acco                       | mpanying s              | cnedules and               |  |  |  |
| Name of Authorized Represer                                    |   |   |                                       |   | Date                    | 1 /                        |  |  |  |
| Peter Evangelista  | ,   |   |                                       | 202                                     | $\frac{1}{2}$           | 115/23                     |  |  |  |
| Signature of Authorized Repre                                  | esentative //////////////////////////////////// | FRAN  | WI                                    | FILED 25 C                              | • •                     | ,                          |  |  |  |
| // W/ C  | /1  | <u> </u>  | ΔPR                                   | 0 6 2023                                |                         |                            |  |  |  |

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov