



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIBOS BSC
24 MAR 26 AM 9:55:11

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	
		100		Common	
				PAR VALUE	
				\$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 2/20/24
Signature of Authorized Representative 					

FILED

MAR 26 2024
BY ML 7089

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov