

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002557

**Entity Name:** TI SPARKLE NORTH AMERICA, INC.**Current Principal Place of Business:**1 WILLIAM STREET  
3RD FLOOR  
NEW YORK, NY 10004**Current Mailing Address:**1 WILLIAM STREET  
3RD FLOOR  
NEW YORK, NY 10004 US**FEI Number:** 13-2942241**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN, PRESIDENT  
Name PIERALICE, RICCARDO  
Address 1 WILLIAM STREET  
3RD FLOOR  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR, CEO  
Name MIGLIOZZI, ROBERTO  
Address 1 WILLIAM STREET  
3RD FLOOR  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR  
Name LEONARDI, ALESSANDRA  
Address 1 WILLIAM STREET  
3RD FLOOR  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR, TREASURER,  
SECRETARY  
Name RUBINO, JOSEPH  
Address 1 WILLIAM STREET  
3RD FLOOR  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR  
Name CALI, ANTONINO  
Address 1 WILLIAM STREET  
3RD FLOOR  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR  
Name TRAVERSO, MAURICIO  
Address 1 WILLIAM STREET  
3RD FLOOR  
City-State-Zip: NEW YORK NY 10004

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH RUBINO**SECRETARY****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date