

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annusubject to a penalty fee of \$25.00.	ul report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 12544 2. Name of Corporation TWIN MA	PLES, INC.	
3. Street Address Principal Business Office BOX CC BEACH AVE. #63	BLOCK ISLAND State R.I. 202807	
4 Rustness Phone No 401 466 5547 State of Incorporation RHODE	E ISLAND	
6. Resinf Discovilition of the Chavacter of Receivers Conducted in Ohode (cland		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	Vice President Name	
JOHN MATTHEW SWIENTON	BARBARA H. SWIENTON	
BOX 22 BEACH AVE. # 63	Street Address BOX 22 BEACH AVE. #63	
BLOCK ISLAND State R. I. 240 02807	BLOCK ISLAND R.I. 710 02807	
BARBARA H. SWIENTON	JOHN MATTHEW SWIENTON	
BOX 22 BEACH AVE # 63	Street Address BOX 22 BEACH AVE. #63	
BLOCK ISLAND State R.I. 210 02807	BLOCK ISLAND State R.I. 2110 02807	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name	ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name	
JOHN MATTHEW SWIENTON	NONE	
BOX 22 BEACH AVE #63	Street Address	
City BLOCK ISLAND State R.I. 210 02807	City State Zip	
BARBARA H. SWIENTON	Director Name NONE	
Street Address 22 BEACH AVE # 63	Street Address	
CHY BLOCK ISLAND State R. I. Zip 02807	City State Zip	
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
	ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of	100 COMMON WITHOUT PA	
instruction sheet.	TOO CONTROL OF THE	
This report must be executed on behalf of the corporation by an authorize this report must be executed on behalf of the corporation by the receiver of	d representative. If the corporation is in the hands of a receiver or trustee, or trustee.	
	Under penalty of perjury, I declare and affirm that I have examined this rep	
	including any accompanying schedules and statements, and that all statements	

File Date Check No. FOR SECRETARY OF STATE USE ONLY

	perjury, I declare and affirm that I have examined this report companying schedules and statements, and that all statements
contained herein	are true and correct.
/ /	eller Screenton 1/12/09
/Signature JOHN	MATTHEW SWIENTON
Print or Type Nar	DENT /TREAS.
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