



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2010

1. ID No. 000144282

2. Exact Name of the Limited Liability Company TWIW Insurance Services, LLC

3. State of Formation

State: CA

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INSURANCE SERVICES

5. Principal Office Address

No. and Street: 196 SOUTH FIR STREET

City or Town: VENTURA State: CA Zip: 93002 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 196 SOUTH FIR STREET- PO BOX 1388

City or Town: VENTURA State: CA Zip: 93002 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARK B. BARDORF, ESQ. 36 WASHINGTON SQUARE NEWPORT , RI 02840-

Signed this 26 Day of October, 2010 at 12:05:14 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that

individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By JEFFREY T. DODDS
Signature of Authorized Person

Form No. 632
Revised 09/07

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