



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 38096		2. Name of Corporation Twin Willows Stables Inc.			
3. Street Address Principal Business Office 233 Morgan Avenue			City Johnston	State R.I.	Zip 02919
4. Business Phone No. 401-943-2125		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island Horse stables for boarding and riding					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donna Guilmette			Vice President Name None		
Street Address 77 Pine Hill Road			Street Address		
City Johnston	State R.I.	Zip 02919	City	State	Zip
Secretary Name Donna Guilmette			Treasurer Name Donna Guilmette		
Street Address 77 Pine Hill Road			Street Address 77 Pine Hill Road		
City Johnston	State R.I.	Zip 02919	City Johnston	State R.I.	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Donna Guilmette			Director Name		
Street Address 77 Pine Hill Road			Street Address		
City Johnston	State R.I.	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 500	Class/Series Common	Par Value None

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 CORPORATIONS DIV
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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.

FILED	
File Date	MAY 16 2011
Check No.	
By:	BY 289 + 296
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Donna Guilmette Date: 3/15/11
 Print or Type Name: Donna Guilmette
 Title: President