



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 148181		2. Exact name of the Corporation TWINS DEVELOPMENT II INC					
3. Principal office address 230 LEXINGTON AVENUE				City NORTH PROVIDENCE	State RI	Zip 02904	
4. Business Phone No.				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OWN, DEVELOP AND SELL REAL ESTATE.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name KENNETH MARANDOLA				Vice-President Name KENNETH MARANDOLA			
Street Address 230 LEXINGTON AVENUE				Street Address 230 LEXINGTON AVENUE			
City NORTH PROVIDENCE	State RI	Zip 02904		City NORTH PROVIDENCE	State RI	Zip 02904	
Secretary Name KENNETH MARANDOLA				Treasurer Name KENNETH MARANDOLA			
Street Address 230 LEXINGTON AVENUE				Street Address 230 LEXINGTON AVENUE			
City NORTH PROVIDENCE	State RI	Zip 02904		City NORTH PROVIDENCE	State RI	Zip 02904	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				100			

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILE
 AUG 21 2012
 29-177286

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.

Kenneth Marandola
 Signature of Authorized Representative Date _____
KENNETH MARANDOLA
 Print or Type Name of Authorized Representative