

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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2014

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

	2. Exact name of the Corporation Twinco International Inc			
1 111100	international, inc	·.		
. Principal office address 36 Glen Ridge Rd.		City Cranston	State Ri	Zip 02920
. Business Phone No. I01-943-3386		5. State of Incorporation Rhode Island		
racter of business Prate, maintai	s conducted in Rhode Island n, carry on business	of importing, exp	orting, buying & se	lling jewelry &
	A STATE OF THE PROPERTY OF THE			
President Name Lewis J. Antin		Vice-President Name Frank E. Antin		
Street Address 36 Glen Ridge Rd.		Street Address 64 Applegate Rd.		
State RI	Zip 02920	City Cranston	State RI	Zip 02920
ecretary Name Ellen Golden		Treasurer Name Trude Antin		
		Street Address 28 East Bel Air	Rd.	
State RI	Zip 02818	City Cranston	State RI	Zip 02920
AMES AND ADD	RESCENT FEW CAR			
		Director Name		
		Street Address		
State RI	Zip 02920	City	State	Zip
rector Name		Director Name		
Street Address		Street Address		
State	Zip	City	State	Zip
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his information is currently of record in the Office of the Secretary		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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of record in the additional filing sheet.		100	Common	no par value
	State RI State RI State RI State RI	State RI Zip 02920 State RI Zip 02920 State RI Q2920	Cranston 5. State of Incorporati Rhode Island Practer of business conducted in Rhode Island Practe, maintain, carry on business of importing, expenditude of the Practical Prac	City Cranston 5. State of Incorporation Rhode Island racter of business conducted in Rhode Island rate, maintain, carry on business of importing, exporting, buying & se Vice-President Name Frank E. Antin Street Address 64 Applegate Rd. City Cranston Treasurer Name Trude Antin Street Address 28 East Bel Air Rd. State RI O2818 City Cranston RI Director Name Street Address State RI Director Name Street Address



DEC 27 2013

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Lewis J. Antin

President

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative