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 2014

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.	2. Exact name of the Corporation
12548	Twin Oaks, Inc.

3. Principal office address	City	State	Zip
100 Sabra Street	Cranston	RI	02910

4. Business Phone No.	5. State of Incorporation
401-274-1300	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Restaurant

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
William DeAngelus, III	100 Sabra Street	Cranston	RI	02910

Vice-President Name	Street Address	City	State	Zip
Susan Vales-DeAngelus	135 Albert Avenue	Cranston	RI	02910

Secretary Name	Street Address	City	State	Zip
Alan J. Goldman	681 Smith Street	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Steven Gouveia	400 Reservoir Avenue	Cranston	RI	02910

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
William DeAngelus, III	100 Sabra Street	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Susan Valles-DeAngelus	135 Albert Avenue	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Alan J. Goldman	681 Smith Street	Providence	RI	02908

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	No Par

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
MAR 25 2014
4635

File Date _____
Check No _____
By: _____ **BY** _____
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.

Alan J. Goldman 3/24/14
Signature of Authorized Representative Date

Alan Goldman Sec.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012