



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE

1. Entity ID Number 75437		2. Exact name of the Corporation Twinco International, Inc.	
3. Principal Office Address 36 Glen Ridge Rd.		City Cranston	State RI
		Zip 02920	
4. NAICS Code 522293	6. Brief description of the character of business conducted in Rhode Island To own, conduct, operate, maintain and carry on business of importing, exporting, buying & selling seasonal novelties and home decor.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lewis J. Antin		Vice-President Name Frank E. Antin	
Street Address 36 Glen Ridge Rd.		Street Address 64 Applegate Rd.	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Ellen Golden		Treasurer Name Trude Antin	
Street Address 64 Pheasant Dr.		Street Address 28 East Bel Air Rd.	
City East Greenwich	State RI	City Cranston	State RI
Zip 02818		Zip 02920	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			no par value
11. 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 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.			
Name of Authorized Representative Lewis J. Antin President		Date 12/19/17	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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