



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 27 PM 12:47

1. Entity ID Number <u>66654</u>		2. Exact name of the Corporation <u>TWIN WILLOWS Farm INC.</u>	
3. Principal Office Address <u>PO Box 19098</u>		City <u>Johnston</u>	State <u>RI</u>
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Deal in Real And personal Property</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Donna Guilmette</u>		Vice-President Name <u>Donna Guilmette</u>	
Street Address <u>77 Pine Hill Ave</u>		Street Address <u>77 Pine Hill Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Secretary Name <u>Donna Guilmette</u>		Treasurer Name <u>Donna Guilmette</u>	
Street Address <u>77 Pine Hill Ave</u>		Street Address <u>77 Pine Hill Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>Donna Guilmette</u>		Director Name	
Street Address <u>77 Pine Hill Ave</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		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 ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>200</u>	
		<u>0.00</u>	
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 <u>Donna M. Guilmette</u>		Date <u>2/27/2018</u>	
Signature of Authorized Representative <u>Donna M. Guilmette</u>		SIGN DOCUMENT <u>FEB 27 2018</u>	

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

BY 325350
AA 12:49pm.

FORM 630 - Revised: 10/2017