State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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.

1. Entity ID Number	2. Exact name of the Corporation			
666654	TWIN Willows Farm INC.			
3. Principal Office Address		City	State	Zip
POBox 19098		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	Deal In Real And personal Property			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Donna Guilmette	77 Pine Hill Ave	Johnston	RI	02919

Vice-President Name	Street Address	City	State	Zip
Donna Guilmette	77 Pine Hill Ave	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Donna Guilmette	77 Pine Hill Ave	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Donna Guilmette	77 Pine Hill Ave	Johnston	RI	02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Donna Guilmette	77 Pine Hill Ave	Johnston	RI	02919

Director Name	Street Address	City	State	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	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200		0.00

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		Date
Donna M Guilmette	**FILED**	2/27/2018
Signature of Authorized Representative	SIGN DOCUMENT ON: FEB 27 2018	
Donna M Guilmette		

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