



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

Annual Report for the year: **2018**

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001668888		2. Exact name of the Limited Liability Company My Twins, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Residential Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address PO Box 1723		City Westerly	State RI	Zip 02891	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Frank Ritacco, Jr			Contact Title Owner		
Street Address PO Box 1723			City Westerly	State RI	Zip 02891
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Frank Ritacco, Jr				Date 8/24/18	
Signature of Authorized Person 				SIGN 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

FILED

AUG 27 2018

BY **1058 DS**