



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

STAMP

Annual Report for the year: 2019
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 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 42 - Wholesale Trade <i>522293</i>		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 <i>RI</i>					
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	Zip 02920	City Cranston	State RI	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	Zip 02818	City Cranston	State RI	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
			PAR VALUE		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 1/8/19	
Signature of Authorized Representative <i>Lewis J. Antin</i>			SIGN DOCUMENT HERE		

FILED

JAN 10 2019

BY 5994 DS