



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1
401-277-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92042** 2. Name of Corporation **Twisted Systems, Inc.**
3. Street Address Principal Business Office **245 Waterman Street, Suite 309** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **528-1145** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7872**

7. Brief Description of the Character of Business Conducted in Rhode Island

To develop software systems

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Gregory R. Lloyd Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906	Vice President Name Christopher Nuzum Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906
Secretary Name Christopher Nuzum Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906	Treasurer Name Gregory R. Lloyd Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Gregory R. Lloyd Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906	Director Name Christopher Nuzum Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906
Director Name Steven Weinstein Street Address 245 Waterman Street, Suite 309 City Providence State RI Zip 02906	Director Name Joseph Caruso Street Address 50 Bay Colony Drive City Westwood State MA Zip 02090

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,000 SHS	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
686 1/8	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer Date **MARCH 2000**

Gregory R. Lloyd
Print or Type Name of Officer

President

File Date: **FILED**

Check No.: **MAR 21 2000**

By:

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