



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 126743		2. Name of Corporation SWEET TWIST, INC.			
3. Street Address Principal Business Office 5 Division Street			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-885-7579		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING AND DISTRIBUTION OF VARIOUS TYPES OF SWEETS AND CHOCOLATES PACKAGED CREATIVELY FOR SALE TO THE GENERAL PUBLIC					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sheila Viracco			Vice President Name Mary Lada		
Street Address 794 Love Lane			Street Address 1a Pajac Point		
City Warwick	State RI	Zip 02818	City Kingstown	State RI	Zip 02852
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			- 0 -	- 0 -	- 0 -

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



File Date **FILED**
Check No. MAR 29 2005
By: KB
FOR SECRETARY OF STATE USE ONLY

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.

Sheila Viracco 1-24-05
Signature of Officer Date
Sheila Viracco
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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3. Street Address Principal Business Office 5 Division Street			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-885-7579		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING AND DISTRIBUTION OF VARIOUS TYPES OF SWEETS AND CHOCOLATES PACKAGED CREATIVELY FOR SALE TO THE GENERAL PUBLIC					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Shirley Vinasco			Vice President Name		
Street Address 794 Lovell Lane			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			- 0 -		

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



* 1 2 6 7 4 3 *

File Date 4/21/04
Check No. 671
By: IS
FOR SECRETARY OF STATE USE ONLY

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 Shirley Vinasco Date 2-15-04
Print or Type Name of Officer Shirley Vinasco
Title of Officer President / Owner



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **126743**
2. Name of Corporation **SWEET TWIST, INC.**
3. Street Address Principal Business Office
5 Division St.
4. Business Phone No. **401-585-7579**
5. State of Incorporation **RHODE ISLAND**

City **E. Greenwich** State **RI** Zip **02818**
6. SIC Code

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Sheila Vinacco**
Street Address **794 Love Lane**
City **E. Greenwich** State **RI** Zip **02818**
Secretary Name **None**

Vice President Name **Mary Lada**
Street Address **19 Pojac Point**
City **N. Kingstown** State **RI** Zip
Treasurer Name **Sheila Vinacco**
Street Address **794 Love Lane**
City **E. Greenwich** State **RI** Zip **02818**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **None**
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 1 2 6 7 4 3 *

File Date: **1-29-03**
Check No.: **233**
By: **VP**

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 **Sheila Vinacco** Date **1-29-03**
Print or Type Name of Officer

Title of Officer **President**