



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1331
401.222.3041

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 145554		2. Exact name of the limited liability company TWIN SHELLFISH LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE SHELLFISH SALES			
5. Principal office address 5 HARROP Avenue, Providence, RI 02840		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MARTIN MCGIVERNEY Contact Title OWNER / PARTNER					
Street Address 16 North Marlboro Street		City EAST GREENWICH	State RI	Zip 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name MARC R. MATHIEU		Address			
Address 712 USQUEPAGH ROAD		City WEST KINGSTON	Zip 02892		

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
05 SEP 29 PM 12:18

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



FILED 145554*

File Date

SEP 29 2005

Check No.

By M-78716

By:

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.

X Martin McGiverny 9/28/05
Signature of Authorized Person Date

MARTIN McGiverny
Print or Type Name of Authorized Person