



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**STAMP**

**Annual Report for the year:** 2021  
**Limited Liability Company**

**AUG 13 2021**

BY AL 2147

FOR  
 SEC. TARY OF S. &  
 USE ONLY

- 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 1681730	2. Exact name of the Limited Liability Company TWINZ, LLC				
3. NAICS Code 531120	4. Brief description of the character of business conducted in Rhode Island to own, develop, lease, sell and otherwise deal with real estate				
5. State of Formation Rhode Island					
6. Principal Office Address 5 Reardon Way		City Smithfield	State RI	Zip 02917-0000	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Marco E. Conti		Contact Title Manager			
Street Address 5 Reardon Way		City Smithfield	State RI	Zip 02917-0000	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Marco E. Conti		Manager Name			
Street Address 5 Reardon Way		Street Address			
City Smithfield	State RI	Zip 02917	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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Marco E. Conti			Date 09/01/2021		
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov