



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

MAR 06 2023

Corporation

BY 30604

STATE

RS

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 12575		2. Exact name of the Corporation Twin Willows, Inc.			
3. Principal Office Address 865 Boston Neck Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Restaurant and tavern.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David K. Durigan			Vice-President Name Patricia A. Durigan		
Street Address 865 Boston Neck Road			Street Address 865 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name David K. Durigan			Treasurer Name David K. Durigan		
Street Address 865 Boston Neck Road			Street Address 865 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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	PAR VALUE
			1000	common	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 David K. Durigan					Date 2-20-23
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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