



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

FILED
 JAN 18 2024
 BY [Signature]

Annual Report for the year: 2024
 Limited Liability Company

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

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|--|---|--------------------------|-------------|-------------------------|
| 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| 9. <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 | | | Manager | Date January 2, 2024 |
| Signature of Authorized Person | | | | |

MAIL TO:
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