



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.

1. Entity ID Number 1681730		2. Exact name of the Limited Liability Company TWINZ, L.L.C		
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. 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 Person Marco E. Conti			Manager	Date January 2, 2024
Signature of Authorized Person 				

MAIL TO:
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