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Annual Report for the year: 2025

**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	2. Exact name of the Limited Liability Company				
001730747	TWILU, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	MANAGEMENT OF REAL ESTATE				
5. State of Formation	1				
MA					
6. Principal Office Address		City	State	Zip	
10 WEYBOSSET STREET, SUITE 800		PROVIDENCE	RI	02903	
7. Mailing Address of Limited Lia	bility Company and Name or Titl	e of Contact Person			
Contact Name LUCY SIMMONS		Contact Title MANAGER			
Street Address 44 CHARLES AVENUE		City STOUGHTON	State MA	<sup>Z<sub>ip</sub></sup> 02072	
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			Date	Date	
LUCY SIMMONS			01/28/2025		
Signature of Authorized Person					
May Ammon					

**FILED** 

FEB 24 2025

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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