



March 31, 2013

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, Suite N-1513
Washington, DC 20210

Dear Sir or Madam:


In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is: Twincraft, Inc.
2. The mailing address of the employer is: 2 Tigan Street, Winooski, VT 05404
3. The employer's federal identification number (EIN) is: 03-0268014
4. The number of plans and the number of participants in each plan is:

One (1) plan covering one (1) employee. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

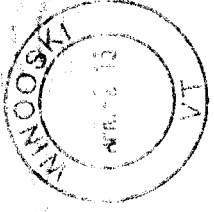
Respectfully submitted,



Peter Asch, CEO
Twincraft, Inc.



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POSTAGE WILL BE PAID BY ADDRESSEE

**TWINCRAFT
SOAP**



211 CAN STREET
WINOOSKI, VT 05404

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