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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
94616	Spindle City Insulation, Inc.			
3. Street Address Principal Business Office		City	State	Zip
524 Mt. Pleasant St., PO Box 9303		Fall River	MA	02720
4. Business Phone No.	5. State of Incorporation			
(508) 676-0964	Massachusetts			

6. Brief Description of the Character of Business Conducted in Rhode Island
industrial and commercial insulating services

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Michael Dubuque			None		
Street Address			Street Address		
524 Mt. Pleasant St.					
City	State	Zip	City	State	Zip
Fall River	MA	02720			
Secretary Name			Treasurer Name		
Andrew Shabshelowitz			Barbara Dubuque		
Street Address			Street Address		
263 Walnut St.			524 Mt. Pleasant St.		
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Michael Dubuque			Barbara Dubuque		
Street Address			Street Address		
524 Mt. Pleasant St.			524 Mt. Pleasant St.		
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

FILED

File Date FEB 16 2012

Check No. 14316

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature *Date* 2/15/2012

Michael Dubuque
Print or Type Name

President
Title

73379-48-727556

Form 630 Rev. 08/08