



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>605617</b>		2. Exact name of the Corporation <b>SpinRay Energy, Inc.</b>								
3. Principal office address <b>797 Danielson Pike</b>		City <b>North Scituate</b>		State <b>RI</b>	Zip <b>02857-1570</b>					
4. Business Phone No. <b>401-647-3551</b>		5. State of Incorporation <b>Rhode Island</b>								
6. Brief description of the character of business conducted in Rhode Island <b>Alternative energy services and products</b>										
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>										
President Name <b>Arthur R. Chew</b>			Vice-President Name <b>Justin Chew</b>							
Street Address <b>797 Danielson Pike</b>			Street Address <b>797 Danielson Pike</b>							
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857-1570</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857-1570</b>					
Secretary Name <b>Curtis Givens, Jr.</b>			Treasurer Name <b>James T. Greene</b>							
Street Address <b>797 Danielson Pike</b>			Street Address <b>797 Danielson Pike</b>							
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857-1570</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857-1570</b>					
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>										
Director Name <b>None</b>			Director Name <b>None</b>							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Director Name <b>None</b>			Director Name <b>None</b>							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
<b>9. SHARES AUTHORIZED</b>										
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>										
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						450	common	no par value		

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 29 2012**  
 Check No. **2504**  
 BY **[Signature]**

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]** **2/27/2012**  
 Signature of Authorized Representative Date

**Arthur R. Chew**

Print or Type Name of Authorized Representative