

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 2

2013

1. Entity ID No.		LURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation				
41578	SPINNA	SPINNAKER ASSOCIATES, INC.				
3. Principal office address			City	State	Zip	
1515 Smith Street			North Providence		02911-0000	
4. Business Phone No. (401) 247-2845			5. State of Incorporation			
5. Brief description of the chara	acter of business	conducted in Rhode Island				
dealing in real proper	ty					
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President Name			Vice-President Name			
Nicholas D. Iannuccilli			Paul C. Hessler, III			
Street Address			Street Address			
1515 Smith Street			6 Oyster Point		····	
City North Providence	State RI	Zip 02911-	City Warren	State RI	Zip 02885-	
Secretary Name Paul C. Hessler, III			Treasurer Name Nicholas D. Iani	auceilli		
Street Address			Street Address			
6 Oyster Point			1515 Smith Stre	et		
City Warren	State RI	Zip 02885-	City North Providence	ce State	Zip 02911-	
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Director Name Nicholas D. Iannuccilli			Director Name			
Street Address	<u> </u>		Paul C. Hessler, Street Address	1115		
1515 Smith Street			6 Oyster Point			
City	State	Zip	City	State	Zip	
North Providence	RI	02911-	Warren	RI	02885-	
Director Name			Director Name			
none			none			
Street Address none			Street Address none			
City	State	Zip	City	State	Zip	
none	none	none	none	none	none	
		•	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			200	Common	No Par	
See Section 9 of instruction	sheet.			•		
	on behalf of the o	corporation by an authorize	ed representative. If the con	poration is in the hand	s of a receiver or trusty	
This report must be executed					<i>x y</i> ,	
This report must be executed	this report mus	t be executed on behalf of	, ,	, ,		
This report must be executed	this report mus	t be executed on behalf of	Under penalty of per this report, including and that all statemen	ury, I declare and affili any accompanying s	chedyles and statem	

Signature of Authorized Representative

Name of Authorized Representative

Nignolas D. lannuccilli

Print or Type

President

Date

Form No. 630 Revised: 01/2012