



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014**

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

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual reports within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(7)) is subject to a penalty fee of \$25.00.

|   |                        |  |                                      |                        |              |
|---|------------------------|--|--------------------------------------|------------------------|--------------|
| 1. ID No.<br>506824   |                        | 2. Exact name of the limited liability company<br>Spindle City Realty, LLC                                       |                                      |                        |              |
| 3. State of Formation<br>RHODE ISLAND   |                        | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>REAL ESTATE |                                      |                        |              |
| 5. Principal office address<br>79 North Main Street   |                        | City<br>Fall River   | State<br>Massachusetts               | Zip<br>02720           |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                        |  |                                      |                        |              |
| Contact Name<br>William R. Eccles, Jr.  |                        |  | Contact Title<br>Manager             |                        |              |
| Street Address<br>79 North Main Street  |                        | City<br>Fall River   | State<br>Massachusetts               | Zip<br>02720           |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |  |                                      |                        |              |
| Manager Name<br>William R. Eccles, Jr.  |                        |  | Manager Name<br>Michael W. Berube    |                        |              |
| Street Address<br>95 Carol Street   |                        |  | Street Address<br>101 Cypress Avenue |                        |              |
| City<br>Somerset  | State<br>Massachusetts | Zip<br>02726   | City<br>Tiverton                     | State<br>Rhode Island  | Zip<br>02878 |
| Manager Name<br>Paul S. Medeiros  |                        |  | Manager Name<br>Robert F. Collins    |                        |              |
| Street Address<br>314 Winnisimmet Drive   |                        |  | Street Address<br>35 Caleb Street    |                        |              |
| City<br>Tiverton  | State<br>Rhode Island  | Zip<br>02878   | City<br>Fall River                   | State<br>Massachusetts | Zip<br>02720 |
| 8. RESIDENT AGENT IN RHODE ISLAND   |                        |  |                                      |                        |              |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11  |                        |  |                                      |                        |              |

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 SECRETARY OF STATE  
 CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

**506824**

NOV 10 2014

BY HL 236199

9.03

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.

*William R. Eccles, Jr.*

9.29.2014

Signature of Authorized Person Date

William R. Eccles, Jr. Manager

Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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