



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

2015

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. <u>000154274</u>		2. Exact name of the Corporation <u>Spindle City Pawnbrokers, Inc.</u>			
3. Principal office address <u>1475 South Main Street</u>		City <u>Fall River</u>	State <u>MA</u>	Zip <u>02720</u>	
4. Business Phone No. <u>508-567-5381</u>		5. State of Incorporation <u>MA</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Pawn broker & Second-hand dealer</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Aaron Tetrault</u>			Vice-President Name		
Street Address <u>1282 Highland Avenue</u>			Street Address		
City <u>Fall River</u>	State <u>MA</u>	Zip <u>02720</u>	City	State	Zip
Secretary Name <u>Aaron Tetrault</u>			Treasurer Name <u>Aaron Tetrault</u>		
Street Address <u>1282 Highland Avenue</u>			Street Address <u>1282 Highland Avenue</u>		
City <u>Fall River</u>	State <u>MA</u>	Zip <u>02720</u>	City <u>Fall River</u>	State <u>MA</u>	Zip <u>02720</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Aaron Tetrault</u>			Director Name		
Street Address <u>1282 Highland Avenue</u>			Street Address		
City <u>Fall River</u>	State <u>MA</u>	Zip <u>02720</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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.					

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 10 2015

By 244260
A.A.

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.

Aaron Tetrault
Signature of Authorized Representative

3/10/15
Date

Aaron Tetrault
Print or Type Name of Authorized Representative