

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		me of the limited liabilit	y company	· · · · · · · · · · · · · · · · · · ·		
506824	Spindle City Realty, LLC					
3. State of Formation	4. Brief des	cription of the characte	r of business conducted in Rho	de Island		
RHODE ISLAND	REAL E			15.0		
5. Principal office address	I		City	State	Zip	
79 North Main Street			Fall River	MA	02720	
6: MAILING ADDRESS OF L	IMITED LIABILI	TY COMPANY AND N	ME OR TITLE OF CONTACT	PERSON:	YY •XXXX	
Contact Name William R. Eccles, Jr.			Contact Title Manager			
Street Address 79 North Main Street			City Fall River	State MA	Zip 02720	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	NAMES AND ADD	RESSES) OF THE LII	MITED LIABILITY COMPANY,	F APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name William R. Eccles, Jr.			Manager Name Michael W. Berube			
Street Address 95 Carol Street			Street Address 101 Cypress Avenue			
City Somerset	State MA	Zip 02726	City Tiverton	State RI	Zip 02878	
Manager Name Paul S. Medeiros			Manager Name Robert F. Collins			
Street Address 314 Winnisimet Drive			Street Address 35 Caleb Street			
City Tiverton	State RI	Zip 02878	City Fall River	State MA	Zip 02720	
8. RESIDENT AGENT IN RH	ODE ISLAND					
This information is currently	y of record in the	Office of the Secreta	ary of State. Changes require	filing Form 642,		
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File Date	1/7		thispreport, including	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the data statements and the data are true and correct.		

File Date

Check No. 102417

By: ______

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

William R. Eccles, Jr., Manager

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012