



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 2016

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. 41578		2. Exact name of the Corporation SPINNAKER ASSOCIATES, INC.		
3. Principal office address 1515 Smith Street		City North Providence	State RI	Zip 02911-0000
4. Business Phone No. (401) 247-2845		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island dealing in real property				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Nicholas D. Iannuccilli		Vice-President Name Paul C. Hessler, III		
Street Address 1515 Smith Street		Street Address 6 Oyster Point		
City North Providence	State RI	Zip 02911-	City Warren	State RI
Secretary Name Paul C. Hessler, III		Treasurer Name Nicholas D. Iannuccilli		
Street Address 6 Oyster Point		Street Address 1515 Smith Street		
City Warren	State RI	Zip 02885-	City North Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Nicholas D. Iannuccilli		Director Name Paul C. Hessler, III		
Street Address 1515 Smith Street		Street Address 6 Oyster Point		
City North Providence	State RI	Zip 02911-	City Warren	State RI
Director Name none		Director Name none		
Street Address none		Street Address none		
City none	State none	Zip none	City none	State none
9. SHARES AUTHORIZED				
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
		200	Common	No Par
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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

Form No. 630
 Revised: 01/2012

FILED
 JAN 06 2015
 BY DS 4828

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 of Authorized Representative

1/04/2016
 Date

Nicholas D. Iannuccilli

Print or Type Name of Authorized Representative
 President