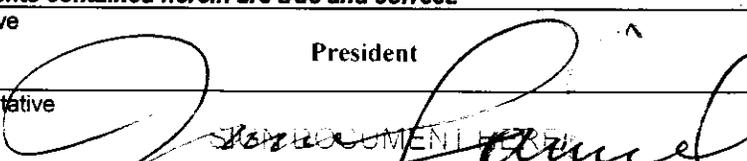




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | | |
|---|---------------|---|---|-------------------|--|--|
| 1. Entity ID Number 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 Number: (401) 247-2845 | | 6. Brief description of the character of business conducted in Rhode Island dealing in real property | | | | |
| 5. State of Incorporation RI | | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an 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 | Zip 02885- | |
| 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 | Zip 02911- | |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an 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 | Zip 02885- | |
| Director Name none | | | Director Name none | | | |
| Street Address none | | | Street Address none | | | |
| City none | State none | Zip none | City none | State none | Zip none | |
| 9. Shares Authorized | | 10. Shares Issued | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE | |
| | | 200 | | Common | No Par | |
| | | | | | | |
| 11. 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. | | | | | | |
| 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. | | | | | | |
| Name of Authorized Representative Nicholas D. Iannuccilli | | | | Date 1/02/2017 | | |
| Signature of Authorized Representative  | | | | FILED | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 19 2017
 BY 52922
 FORM 630 - Revised: 08/2016