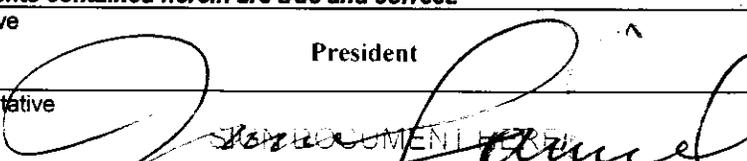




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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. <b>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.</b>					
Name of Authorized Representative Nicholas D. Iannuccilli				Date 1/02/2017	
Signature of Authorized Representative 				<b>FILED</b>	

**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