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 | 2. Exact name of the Corporation |
|---|---|
| **94616** | **Spindle City Insulation** |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **524 Mt. Pleasant St., PO Box 9303** | **Fall River** | **MA** | **02720** |

| 4. Business Phone Number | 5. State of Incorporation |
|---|---|
| **(508) 676-0964** | **Massachusetts** |

6. Brief description of the character of business conducted in Rhode Island

**industrial and commercial insulating services**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| **Michael Dubuque** | **None** |
| Street Address: **524 Mt. Pleasant St.** | Street Address: |
| City: **Fall River** State: **MA** Zip: **02720** | City: State: Zip: |
| Secretary Name: **Andrew Shabshelowitz** | Treasurer Name: **Barbara Dubuque** |
| Street Address: **263 Walnut St.** | Street Address: **524 Mt. Pleasant St.** |
| City: **Fall River** State: **MA** Zip: **02720** | City: **Fall River** State: **MA** Zip: **02720** |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| **Michael Dubuque** | **Barbara Dubuque** |
| Street Address: **524 Mt. Pleasant St.** | Street Address: **524 Mt. Pleasant St.** |
| City: **Fall River** State: **MA** Zip: **02720** | City: **Fall River** State: **MA** Zip: **02720** |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **This information is currently of record in the Department of State.** | **100** | **Common** | **No Par** |
| **Changes require an additional filing.** | | | |

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 | Date |
|---|---|
| **Michael Dubuque** Michael Dubuque | 2/15/17 |

Signature of Authorized Representative

SIGN DOCUMENT HERE

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

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FEB 17 2017
BY 16357

**FORM 630 - Revised: 05/2016**