S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-30	+0	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. 000162257			
2. Exact Name of the Limited Liability Company <u>SPINNAKER LANDING LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
0	Code that best describes the primary e information on <u>NAICS</u> can be found		y. Download
001070			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	ode Island
REAL ESTATE			
5. Principal Office Addre	SS		
No. and Street: 318 DRY BRIDGE ROAD			
		e: <u>RI</u> Zip: <u>02852</u> Coun	try: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact	Title:		
	<u>O. BOX 415</u>		
City or Town: <u>E&gt;</u>	KETER State: <u>RI</u>	Zip: <u>02822</u> Country:	<u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country
	RHODE ISLAND - DO NOT ALTER		

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## JAMES GRUNDY 131 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 23 Day of September, 2017 at 10:43:06 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By J GRUNDY

Signature of Authorized Person

Form No. 632 Revised 09/07

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