


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 2018

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. 42721		2. Exact name of the Corporation SPINCO, INC.			
3. Principal office address 101 Comstock Parkway, Unit #15 (321912)			City Cranston	State RI	Zip 02921
4. Business Phone No. (401) 943-7330			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE TOOLS, BUY AND SELL FINDING, BUILD MACHINERY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Walter O. Spinelli			Vice-President Name Walter O. Spinelli		
Street Address 101 Comstock Parkway, Unit #15			Street Address SAME		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Walter O. Spinelli			Treasurer Name Walter O. Spinelli		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Walter O. Spinelli			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	COMMON	NO PAR

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
MAR 05 2018
69310

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.

Walter O. Spinelli 2/27/18
 Signature of Authorized Representative Date

Walter O. Spinelli
 Printer Type Name of Authorized Representative

BY