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

Annual Report for the year: 2019
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, Inc.			
3. Principal Office Address		City	State	Zip
11 Robert Toner Blvd., Suite 5		No. Attleboro	MA	02760
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238310	industrial and commercial insulating services			
5. State of Incorporation				
Massachusetts				

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

President Name: Donald Margetta			Vice-President Name: Lori Margetta		
Street Address: 85 Blackberry Road			Street Address: 85 Blackberry Road		
City: No. Attleboro	State: MA	Zip: 02760	City: No. Attleboro	State: MA	Zip: 02760
Secretary Name: Lori Margetta			Treasurer Name: Lori Margetta		
Street Address: 85 Blackberry Road			Street Address: 85 Blackberry Road		
City: No. Attleboro	State: MA	Zip: 02760	City: No. Attleboro	State: MA	Zip: 02760

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

Director Name: Lori Margetta			Director Name: Donald Margetta		
Street Address: 85 Blackberry Road			Street Address: 85 Blackberry Road		
City: No. Attleboro	State: MA	Zip: 02760	City: No. Attleboro	State: MA	Zip: 02760
Director Name: None			Director Name: None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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	Date
Lori Margetta V.P	2.1.19

Signature of Authorized Representative: Lori Margetta V.P (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 06 2019
BY 1274

FORM 630 - Revised: 10/2017