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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

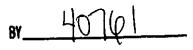
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 f	ee if form is no	ot filed by April 1.					
Entity ID Number	2. Exact name of the Corporation						
92277	Spinnaker Construction Services, Inc.						
3. Principal Office Address			City	·	State	Zip	
60 Ocean State Drive			North King:	stown	Ri	02852	
4. NAICS Code	I6. Brief desci	nption of the charac	ter of business o	conducted in Rhode	Island		
23 6116	Construction services						
5. State of Incorporation	1						
Rhode Island							
7. List ALL officers (names and ad	dresses)				the box to inc	dicate an attachment	
President Name Robert B. Howes			Vice-President Name Robert B. Howes				
Street Address 60 Ocean State Drive			Street Address 60 Ocean State Drive				
City North Kingstown	State RI	^{Zıp} 02852	City North Kingstown		State RI	^{Zip} 02852	
Secretary Name Robert B. Howes	<u> </u>	<u></u>	Treasurer Name Robert B. Howes				
Street Address 60 Ocean State Drive		Street Address 60 Ocean State Drive					
City North Kingstown	State RI	Zip 02852	City North Kingtown		State RI	^{Zip} 02852	
8. List ALL directors (names and a	ddresses)	<u> </u>		Ched	k the box to in	dicate an attachment 🔲	
Director Name Robert B. Howes			Director Name				
Street Address 60 Ocean State Drive			Street Address				
City North Kingstown	State RI	^{Zip} 02852	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Ony	10.0.0	(- P	[5,				
9. Shares Authorized	10. Shares Iss						
This information is currently of record in the Department of State. Changes require an additional filing.		NUVBER O	SHARES	CLASS/Ş <u>ERI</u>	<u> </u>	PAR VALUE	
		100	100		common		
11. This report must be executed of					oration is in th	ne hands of a receiver or	
trustee, this report must be execu- Under penalty of perjury, I decla	re and affirm	tne corporation by that I have examin	ed this report.	insiee. Including any acco	mpanying sc	hedules and	
statements, and that all stateme	nts contained						
Name of Authorized Representative /) Date , ,						10010	
Robert B. Howes, President	Kolunt	844-		I CD		129/19	
Signature of Authorized Represen	tative	Od ADEL	STON THEMSELVE	ILLU N			
			FFD	1 2 2019			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov



FORM 630 - Revised: 10/2017