



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

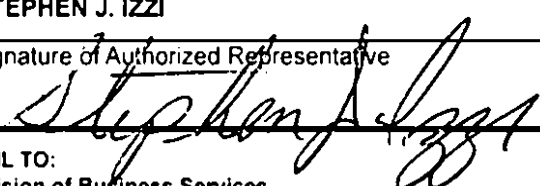
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

MAR 01 2019

BY 2149 OS

1. Entity ID Number 151580		2. Exact name of the Corporation SPINNCA REALTY, INC.			
3. Principal Office Address 21 BRAYTON STREET UNIT 1		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REALTY COMPANY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEPHEN J. IZZI			Vice-President Name STEPHEN J. IZZI		
Street Address 64 BAKER STREET			Street Address 64 BAKER STREET		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name CARY IZZI			Treasurer Name STEPHEN J. IZZI		
Street Address 64 BAKER STREET			Street Address 64 BAKER STREET		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEPHEN J. IZZI			Director Name CARY IZZI		
Street Address 64 BAKER STREET			Street Address 64 BAKER STREET		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		COMMON A
					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 STEPHEN J. IZZI					Date 1/31/2019
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

FORM 630 - Revised: 10/2017