



State of Rhode Island

Department of State - Business Services Division

FILED

JAN 28 2021

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

BY

1/20/21

| | | | | | |
|--|-------------|--|---|-------------|------------------------|
| 1. Entity ID Number 94616 | | 2. Exact name of the Corporation Spindle City Insulation, Inc. | | | |
| 3. Principal Office Address 11 Robert Toner Blvd., Suite 5 | | | City No. Attleboro | State MA | Zip 02760 |
| 4. NAICS Code 238310 | | 6. Brief description of the character of business conducted in Rhode Island industrial and commercial insulating services | | | |
| 5. State of Incorporation Massachusetts | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 | | | 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 | | |
| | | | 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 <i>Lori Margetta</i> | | | | | Date <i>1/20/21</i> |
| Signature of Authorized Representative <i>Lori Margetta</i> | | | | | |

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: 08/2020