



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

**FILED**

FEB 20 2024 P

BY 46207

Annual Report for the year: **2024**  
 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<br><b>92277</b>  |                    | 2. Exact name of the Corporation<br><b>Spinnaker Construction Services, Inc.</b>                                      |   |                        |                     |
| 3. Principal Office Address<br><b>60 Ocean State Drive</b>   |                    |   | City<br><b>North Kingstown</b>                | State<br><b>RI</b>     | Zip<br><b>02852</b> |
| 4. NAICS Co<br><b>230010</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Construction services</b>           |   |                        |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |   |   |                        |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                        |                     |
| President Name<br><b>Robert B. Howes</b>   |                    |   | Vice-President Name<br><b>Robert B. Howes</b> |                        |                     |
| Street Address<br><b>60 Ocean State Drive</b>  |                    |   | Street Address<br><b>60 Ocean State Drive</b> |                        |                     |
| City<br><b>North Kingstown</b>   | State<br><b>RI</b> | Zip<br><b>02852</b>   | City<br><b>North Kingstown</b>                | State<br><b>RI</b>     | Zip<br><b>02852</b> |
| Secretary Name<br><b>Robert B. Howes</b>   |                    |   | Treasurer Name<br><b>Robert B. Howes</b>      |                        |                     |
| Street Address<br><b>60 Ocean State Drive</b>  |                    |   | Street Address<br><b>60 Ocean State Drive</b> |                        |                     |
| City<br><b>North Kingstown</b>   | State<br><b>RI</b> | Zip<br><b>02852</b>   | City<br><b>North Kingstown</b>                | State<br><b>RI</b>     | Zip<br><b>02852</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                        |                     |
| Director Name  |                    |   | Director Name                                 |                        |                     |
| Street Address   |                    |   | 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                        |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |   | CLASS/SERIES           | PAR VALUE           |
|  |                    | <b>100</b>  |   | <b>common</b>          | <b>none</b>         |
| 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.<br><b>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.</b> |                    |   |   |                        |                     |
| Name of Authorized Representative<br><b>Robert B. Howes, President</b>   |                    |   |   | Date<br><b>2/12/24</b> |                     |
| Signature of Authorized Representative<br>   |                    |   |   | SIGN DOCUMENT HERE     |                     |