



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 04 2024

BY

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	City WARWICK	State RI
Zip 02886		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	City WARWICK	State RI
Zip 02886		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	City WARWICK	State RI
Zip 02886		Zip 02886	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 3/1/2024	
Signature of Authorized Representative <i>Stephen J. IZZI</i>		3/1/2024	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov