



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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

FEB 11 2025 STAMP
BY 1079

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 MA					
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 Rd.			Street Address 85 Blackberry Rd.		
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 Rd.			Street Address 85 Blackberry Rd.		
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 Rd.			Street Address 85 Blackberry Rd.		
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Lori A Margetta				Date 2/5/25	
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