



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.

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TAMM

1. Entity ID Number 000485890		2. Exact name of the Corporation Spinnaker Asset Management Inc.	
3. Principal Office Address 400 Commonwealth Avenue, Unit 7		City Warwick	State RI
		Zip 02888	
4. NAICS Code 561110	6. Brief description of the character of business conducted in Rhode Island Asset Management		
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 Ronald W. Kent, Jr.		Vice-President Name	
Street Address 400 Commonwealth Avenue, Unit 7		Street Address	
City Warwick	State RI	Zip 02888	
Secretary Name Ronald W. Kent, Jr.		Treasurer Name Ronald W. Kent, Jr.	
Street Address 400 Commonwealth Avenue, Unit 7		Street Address 400 Commonwealth Avenue, Unit 7	
City Warwick	State RI	Zip 02888	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	Common
			\$0.01
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 Ronald W. Kent, Jr.		Date 2/11/2025	
Signature of Authorized Representative 		BY VZ6H4 KJ	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov