



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 12022		2. Exact name of the Corporation S.P.C. Supply, Inc.			
3. Principal office address 90 Byfield Street		City Warwick		State RI	Zip 02888
4. Business Phone No. 401-461-2677		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Sale and distribution of tools, accessories and supplies to the floor covering trade.					
President Name Stephen W. Ciambrone			Vice-President Name Peter P. Ciambrone		
Street Address P.O. Box 20009			Street Address 34 Briggs Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Peter P. Ciambrone			Treasurer Name Stephen W. Ciambrone		
Street Address 34 Briggs Street			Street Address P.O. Box 20009		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)					
Director Name Stephen W. Ciambrone			Director Name Peter P. Ciambrone		
Street Address P.O. Box 20009			Street Address 34 Briggs Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. STATE AUTHORIZED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	No Par Value	

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.

FILED

Signature of Authorized Representative

Date

Stephen W. Ciambrone, President

Print or Type Name of Authorized Representative

MAR 12 2015

BY 244472