

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

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.

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1, Entity ID No.	2. Exact na	2. Exact name of the Corporation				
12022	S.P.C.	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			
•		s conducted in Rhode Island essories and supplie		ering trade.		
Asjanati altinuatts (১৮ি) irs (√[৮০বছ)রা,চেরচ্ছর), ০০ টাক লাভাচত President Name Stephen W. Clambrone			Vice-President Name Peter P. Clambrone			
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. Clambrone			Treasurer Name Stephen W. Clambrone			
Street Address 34 Briggs Street			Street Address P.O. Box 20009			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920	
Director Name Stephen W. Ciamb		ીરીફ્રેફ્રિક્સ્કુલ્સ્કુ _લ િ ાઇ ્ લ્લાન	Director Name Peter P. Clamb	rone	<u> </u>	
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	TAR ORA	
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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.			100	Common	NA Pachalue	
					45	
This report must be execu		corporation by an authorize			of a receiver or trustee,	

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FILED

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.

Signature of Authorized Representative

Stephen W. Ciambrone, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012