S	tate of Rhode Island and Pro Office of the Secreta		tions Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000795532</u>			
2. Exact Name of the Limited Liability Company <u>AMD SUPPLY CO LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>813990</u>			
4. Brief Description of th	e Character of the Business Which	n is Actually Condu	ucted in Rhode Island
TO PROVIDE SUPPLY	SERVICES		
5. Principal Office Addre	SS		
	P.O. BOX 463COVENTRYState: <u>RI</u>	Zip: <u>02816</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	<u>C PICOZZI</u> Contact Title: <u>AUTHOR</u> O. BOX 463	IZED PERSON	
City or Town: <u>CC</u>	<u>DVENTRY</u> State: <u>RI</u>	Zip: <u>02816</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		Address
	First, Middle, Last, Suffix	Address, City or Tov	wn, State, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

GENE M. CARLINO, ESQ. 1301 ATWOOD AVENUE, SUITE 215N JOHNSTON, RI 02919

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of November, 2017 at 11:11:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>DOMENIC PICOZZI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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