S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00		
	Division Of Business 148 W. River St Providence RI 0290	treet 04-2615			
HOPE	(401) 222-304	40			
Limited Liability Company Annual Report Filing Period: September 1 - November 1					
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR: 2018					
<b>1. ID No.</b> <u>001445403</u>					
2. Exact Name of the Limited Liability Company SPECTRA ALGONQUIN MANAGEMENT, LLC					
3. State of Formation					
State: <u>DE</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.					
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island		
		,			
MANAGEMENT COMPANY OF A NATURAL GAS TRANSMISSION PROVIDER.					
5. Principal Office Address					
No. and Street:5400 WESTHEIMER CT.City or Town:HOUSTONState:TXZip:77056Country:USA					
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: Contact Title: No. and Street: <u>5400 WESTHEIMER CT.</u>					
City or Town: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77056</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 Town, State, Zip	Code, Country		
MANAGER	GREGORY J. RIZZO	5400 WESTHEIMER COURT HOUSTON, TX 77056 USA			
MANAGER	STEPHEN J. NEYLAND	5400 WESTHEIMER COURT			

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BRIAN R. MCKERLIE

HOUSTON, TX 77056 USA

5400 WESTHEIMER CT. HOUSTON, TX 77056 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

**Signed this 1 Day of October, 2018 at 1:36:12 PM 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 MANDY HENDRICKS

Signature of Authorized Person

Form No. 632 Revised 09/07

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