| | State of Rhode Island and P Office of the Secre | | Fee: \$50.00 | |
|--|--|--|---------------|--|
| | Division Of Busine 148 W. River Providence RI 02 | Street 904-2615 | | |
| HOPE | (401) 222-3 | 040 | | |
| Limited Liability Cor Annual Report Filing Period: September | | | | |
| | 7-16-66(d), each limited liability co hin thirty (30) days after the time pre- a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2019 | | | | |
| 1. ID No. 000120000 | | | | |
| 2. Exact Name of the Limited Liability Company <u>SPECTRA ENERGY OPERATING COMPANY</u> , <u>LLC</u> | | | | |
| 3. State of Formation | | | | |
| State: <u>DE</u> | | | | |
| | | | | |
| | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. | | | | |
| <u>488999</u> | | | | |
| 4. Brief Description of t | he Character of the Business Whi | ch is Actually Conducted in Rhod | e Island | |
| PAYROLL AND PIPELINE SERVICES COMPANY. OTHER SUPPORT ACTIVITIES FOR TRANSPORTATION. PAYROLL FOR FIELD PERSONNEL. SEOC HAS PAYROLL/EMPLOYEES IN ILLINOIS. | | | | |
| 5. Principal Office Addr | ess | | | |
| No. and Street: 5400 WESTHEIMER CT. | | | | |
| | | tte: <u>TX</u> Zip: <u>77056</u> Country | y: <u>USA</u> | |
| 6. Mailing Address of L | imited Liability Company and Na | ne or Title of Contact Person: | | |
| Contact Name: Contact Title: | | | | |
| | O. BOX 1642 | | | |
| City or Town: <u>H</u> | <u>DUSTON</u> State: <u>TX</u> | Zip: <u>77251</u> Country: | <u>05A</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 | STEPHEN J. NEYLAND | 5400 WESTHEIMER CT. HOUSTON, TX 77056 USA | |
| MANAGER | ROBERT L. HUFFMAN | 5400 WESTHEIMER CT. HOUSTON, TX 77056 USA | |
| MANAGER | PATRICIA E. FITZPATRICK | 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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 3 Day of October, 2019 at 9:00:35 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 MANDY HENDRICKS

Signature of Authorized Person

Form No. 632 Revised 09/07

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