



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**FILED**

NOV 12 2019

BY

5770  
*[Signature]*

Annual Report for the year: **2019**

Limited Liability Company

- Filing period September 1 - November 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>1676603</b>		2. Exact name of the Limited Liability Company <b>SPENCER'S PLUMBING, LLC</b>			
3. NAICS Code <b>238220</b>		4. Brief description of the character of business conducted in Rhode Island <b>GENERAL PLUMBING.</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>5555 POST ROAD</b>		City <b>EAST GREENWICH</b>		State <b>RI</b>	Zip <b>02818</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MICHAEL SPENCER</b>		Contact Title <b>MEMBER</b>			
Street Address <b>5555 POST ROAD</b>		City <b>EAST GREENWICH</b>		State <b>RI</b>	Zip <b>02818</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <i>[Signature]</i>		Manager Name			
Street Address <i>[Signature]</i>		Street Address			
City <i>[Signature]</i>	State <i>[Signature]</i>	Zip <i>[Signature]</i>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>MICHAEL SPENCER, MEMBER</b>				Date <b>11/5/2019</b>	
Signature of Authorized Person <i>[Signature]</i>					

**MAIL TO:**

Division of Business Services  
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