	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE	(401) 222-504	+0	
Limited Liability Com	pany		
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:	<u>2021</u>		
1. ID No. <u>001694858</u>			
2. Exact Name of the Limited Liability Company Spire Supply 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. 423120			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
AUTOMOTIVE RETAIL	LER		
5. Principal Office Addre	SS		
No. and Street: <u>440 S. CHURCH STREET, SUITE 700</u> City or Town: <u>CHARLOTTE</u> State: <u>NC</u> Zip: <u>28202</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>SCOTT OMELIA</u> Contact Title: <u>SECRETARY</u>			
Contact Name: <u>SCOTT OMELIA</u> Contact Title: <u>SECRETARY</u> No. and Street: <u>440 S CHURCH ST</u>			
<u>SUI</u>	<u>FE 700</u>		
City or Town: <u>CHA</u>	<u>RLOTTE</u> State: <u>N</u>	<u>C</u> Zip: <u>28202</u> Country: <u>U</u>	SA
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	SCOTT OMELIA	440 S CHURCH ST, SUITE 7	00
		CHARLOTTE, NC 28202 USA	

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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, 2021 at 3:03:08 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 SCOTT OMELIA

Signature of Authorized Person

Form No. 632 Revised 09/07

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