

State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2019
Limited Liability Company

-> Filling 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 001683996		2. Exact name of the Limited Liability Company SPC Enterprise LLC				
3. NAICS Code 484110	4. Brief des	cription of the	character of business conducted in	Rhode Island		
5. State of Formation RI		!				
6. Principal Office Address 24 Cariton Place			City West Warwick	State RI	Zlp 02893	
7. Malling Address of Limite	d Liability Compan	y and Name o	or Title of Contact Person			
Contact Name Shawn Connors			Contact Title Owner			
Street Address 24 Carlton Place			City West Warwick	State RI	^{2ip} 02893	
6. List ALL managers (name	es and addresses)	of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name		Manager Name				
Street Address		Street Address				
City	State	Zip	City	State	Zip	
				Check the box to it	ndicate an attachment	
9. The Resident Agent Infom	nation currently of	record with th	e RI Department of State is accura	te. Changes require	filing Form 642	
Under penalty of perjury, I statements, and that all sta	deciere and affin	n that I have	examined this most including	any accompanying	g schedules and	
Name of Authorized Person				Date		
Shawn Connors				11/29/2021		
Signature of Authorized Pera	ion	-				

MAIL TO:

Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 08/2020