



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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FOR  
SECRETARY OF STATE  
USE ONLY

2023 MAY 31 A 10:48

1. Entity ID Number 000012022		2. Exact name of the Corporation S.P.C. SUPPLY, INC.	
3. Principal Office Address 90 BYFIELD STREET		City WARWICK	State RI
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island SALE AND DISTRIBUTION OF TOOLS, ACCESSORIES AND SUPPLIES TO THE FLOOR COVERING TRADE.	
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name STEPHEN W. CIAMBRONE		Vice-President Name PETER P. CIAMBRONE	
Street Address P.O. BOX 20009		Street Address 34 BRIGGS STREET	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Secretary Name PETER P. CIAMBRONE		Treasurer Name STEPHEN W. CIAMBRONE	
Street Address 34 BRIGGS STREET		Street Address P.O. BOX 20009	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name STEPHEN W. CIAMBRONE		Director Name PETER P. CIAMBRONE	
Street Address P.O. BOX 20009		Street Address 34 BRIGGS STREET	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	COMMON
			NO PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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.			
Name of Authorized Representative STEPHEN W. CIAMBRONE, PRESIDENT		Date 5/22/23	
Signature of Authorized Representative 		FILED MAY 31 2023 BY ML 1314	

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