RI SOS Filing Number: 202450382420 Date: 4/8/2024 4:00:00 PM

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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation		
000012022	S.P.C. SUPPLY, INC.		
3. Principal Office Address	City	State	Zip
90 BYFIELD STREET	WARWICK	RI	02888
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238330	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) — Check the box to indicate an attachment ☐

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 Zip 02920	City	CRANSTON	State RI 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 Zip 02920	City	CRANSTON	State RI Zip 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 Zip 02920	City	CRANSTON	State RI Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	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: 2/26/24

Signature of Authorized Representative

FILED
APR 08 2024
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website:www.sos.ri.gov

FORM 630 - Revised: 2/2023