	State of Rhode Office of the Secreta	
	Division Of Business	•
	148 W. River S	
	Providence RI 0290	04-2615
1636	(401) 222-304	40
Limited Partnership Annual Report Filing Period: February 1	- May 1	
In accordance with R.I.G.L. 7-13.1-212(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-13-212(c&d)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024		
1. ID No. <u>001678592</u>		
2. Exact Name of the Partnership Maintenance Supply Headquarters, LP		
3. State of Formation		
State: <u>DE</u>		
NAICS CODE		
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.		
<u>423710</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
WHOLESALE DISTRIBUTION OF MAINTENANCE SUPPLIES		
5. Principal Office Address		
No. and Street: 6910 BRASADA DRIVE		
6. The name and business address of each general partner is: An amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (Foreign)		
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	MSH LLC	6910 BRASADA DRIVE HOUSTON, TX 77085 USA

7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1.

Signed this 2 Day of July, 2024 at 10:04:12 AM 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 partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

By <u>DAVID R. GREEN</u> Signature of Authorized Person

Form No. 643 Revised 10/23

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